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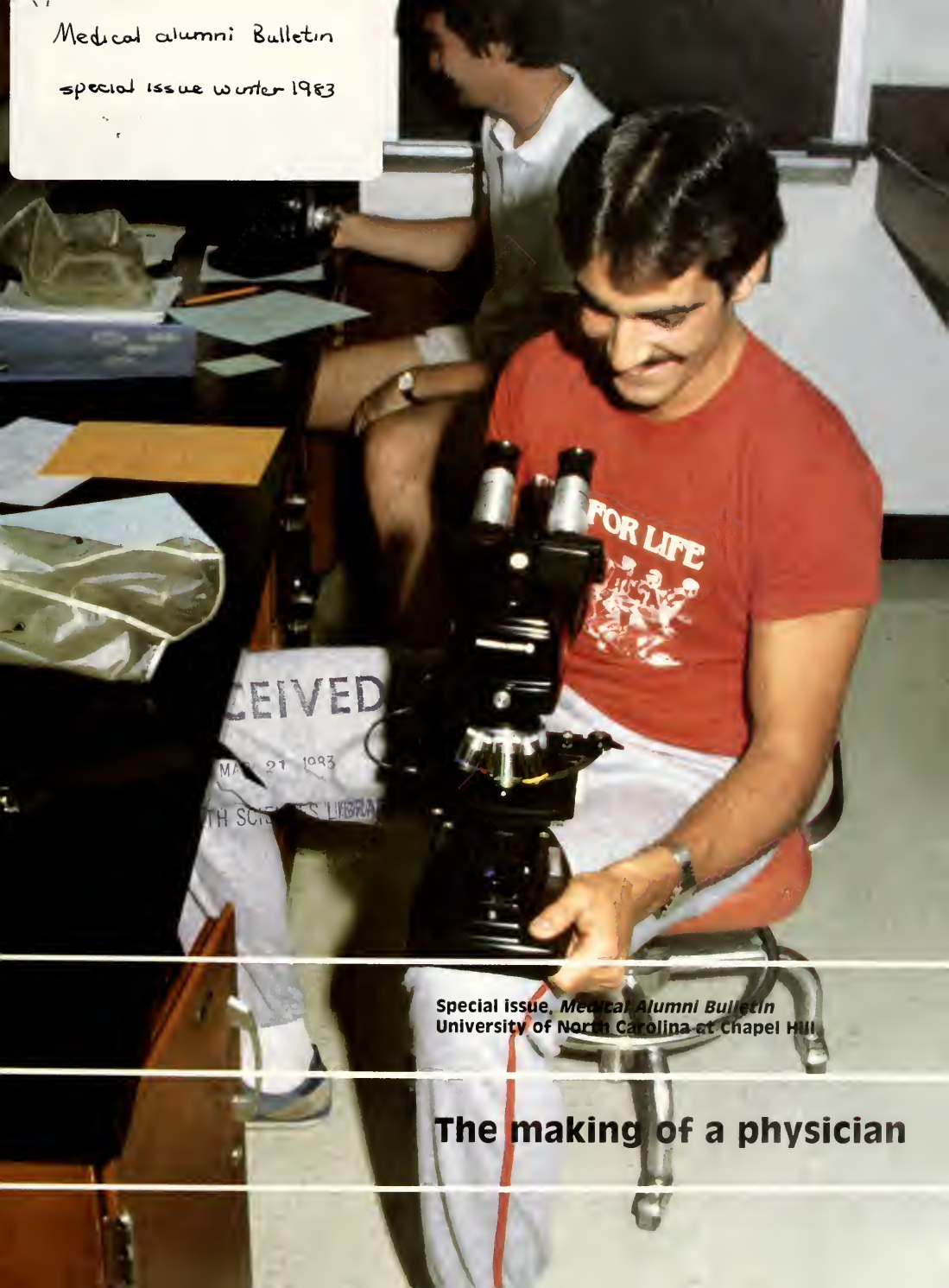

Special issue, *Medical Alumni Bulletin*
University of North Carolina at Chapel Hill

The making of a physician

On the cover

With his lab space assigned and his microscope in hand, Steve Olsen, class of '86, is ready to begin four years of lab, classroom and clinical experiences which will lead to the M.D. degree. This special issue of the Medical Alumni Bulletin focuses on these four years of the making of a physician.

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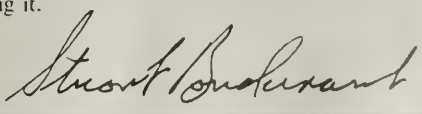
For a number of reasons, many thoughtful and informed people are anxiously examining the process and content of the entire spectrum of medical education as well as the procedures by which we select medical students. These examinations are timely and appropriate. The role and responsibilities of the physician are evolving for many reasons including technologic advance, change in societal expectations of physicians, change in demographic characteristics of the state and nation, change in the organizational relationship among physicians, change in information processing and others. Further, the process of medical education seems to be ready for change. It has been exciting to witness the important flourishing of scientific and technical bases of medical practice. Superimposed on the vastly strengthened scientific base has been the successful (for the most part) immense expansion and perhaps over expansion of medical education.

Under the leadership of Drs. William Mattern and Romulo Colindres as co-chairs, we are among those schools who are engaged in a serious examination of the development of physicians. In future issues of the Medical Alumni Bulletin, we will discuss some of the thinking and recommendations of the curriculum review committee.

In the meantime, a great deal of curiosity about the making of physicians today seems to persist. It is the purpose of the special issue of the Bulletin to illuminate some facets of the medical school experience for students who may be considering medical careers, alumni and friends. Our editors have sought to do this through the words and ideas of the people involved; through interviews with and profiles of some of our students, teachers and administrators.

While a document like this can't be truly comprehensive, I believe it is, on the whole, balanced and representative. I think you will enjoy reading it.



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Admissions: A careful, continuous process

Saturday morning, Aug. 14, 1982—the first day of orientation for the medical school class of 1986. It's a time of anticipation, excitement—perhaps apprehension. One hundred sixty young people are here. They're testing the environment, sizing one another up. Medical school is about to begin.

For these students, this moment at the University of North Carolina at Chapel Hill had its genesis about a year earlier when each designated this medical school to receive their application from the American Medical College Application Service. Their applications were among about 1,800 received for the 160 medical school positions available.

What happened over that year to result in the selection of these students? What criteria were applied in making admissions judgments?

"There is no single answer I can give that would describe how we make these decisions," says Dr. William Bakewell, associate dean and chairman of the medical school admissions committee. "It's a careful, continuous process that starts each summer when applications begin to arrive, and doesn't really end until classes begin. And by that time, of course, we have started selection of the following class."

Bakewell said about 650 of the applications received for the class of 1986 were from North Carolina residents. "The remaining 1,150—1,200 were from out-of-state residents."

A first step in evaluating candidates for admission is a review of credentials to assure minimum catalog

requirements are met. "Then, we go through an academic screening process that allows us to predict with great confidence those who wouldn't make it in medical school." Of the 650 in-state applicants for the class of 1986, about 50 failed to pass this screen.

Assessing motivation

Interviews are next. Applicants meet individually for about 30 minutes each with a faculty member of the admissions committee and a medical student. "We do everything we can to make these interviews non-stressful," Bakewell says. "These are really 'get acquainted' encounters." Interviewers do not review applicant files before their meetings with would-be medical students. "All the interviewer knows about the applicant is what the applicant wrote in response to an essay question asked as part of the admission routine."

'People who apply to this medical school are an amazingly talented group. There are many fine musicians among medical school applicants, for example, and many have fascinating hobbies. Some years ago there was one student who was an expert on the molting habits of a certain kind of crab. I recall another, an amateur astronomer, who had a star named after him.'

The question asked the class of '86 was "How did you arrive at your motivation to study medicine and how have you tested that motivation?"

Application reviews and interviews continue. In addition to each candidate's academic accomplishments the committee weighs personal and extra-curricular factors presented by candidate records. "What is the work experience? Volunteer service? Leadership? Scholarship? Research? What is there about this candidate beyond getting good grades that will make him or her a good physician?"

Bakewell says that "people who apply to this medical school are an amazingly talented group. There are many fine musicians among medical school applicants, for example, and many have fascinating hobbies. Some years ago there was one student who was an expert on the molting habits of a certain kind of crab. I recall another, an amateur astronomer, who had a star named after him."

Early in the selection process, "we pick about 100 who are obviously the best. We eliminate another 200 as being clearly noncompetitive. Another 300 we put on 'hold.' "

No quotas

Among those selected for the class of '86 were 20 applicants from out-of-state. "There's no fixed quota for non-residents and the number selected each year varies. Those who are selected are very unusual people. They add diversity to the class."

In forming the class of '86, 96 of the nearly 1,200 out-of-state applicants were invited for interviews. "They all had grade point averages of 3.5-plus and two-digit Medical College Admission Test Scores. Thirty-two of those we interviewed got offers from us. Most got offers from other schools as well."

By now, the selection process is well advanced. Letters offering places in the class of '86 have been mailed and acceptances with $100 deposits are coming back. Spring impends and, in late April and May, "we start a marathon. About 60 positions in the class remain to be filled. Once again, we go back through those 300 applications in the 'hold' category. We grapple with the fact that there are five or so candidates for each place in the class. These are people who are very similarly qualified. We are faced with difficult choices, rather than simple elimination. There is no formula for weighing the various aspects of these applicants. Each case is presented. Each committee member reacts to the gestalt and they vote their consciences.

"Finally, we have made the decisions. By mid-August when classes start, we have 160 students in the class."

The class of '86 is just beginning to learn together the afternoon of Aug. 14. And, as new classmates proceed in orientation, meet instructors, hear about gross anatomy and get lab assignments, file folders are starting to fill in the admissions office. Applications for the class of '87 are beginning to arrive.

About the class of '86

- Most are from North Carolina, though nine other states are represented.
- Sixty-three undergraduate institutions are represented in the class, but 16 schools in North Carolina, public and private, supply most of the class.
- Typically, these students come to medical school with a B+ grade point average, and Medical College Admission Test scores well above the national average.
- Seven of the entering class hold Ph.D. degrees. One has not received a baccalaureate degree.
- The median age at the time of application is 23. The youngest student in the class is 20. Thirty-seven members of the class are 26 or older.
- There are 57 women and 103 men in the class.
- Eighty-three percent are white. Twelve percent are black. The remaining five percent is made up of other ethnic groups, including American Indians.
- Most come from middle class families and most grew up in the small town and medium-sized cities that are typical of our state.
- When asked why they chose medicine as a career, most cite their desire to help people, scientific curiosity and the opportunity to relate to people as prime considerations.
- And, as members of the class of '86 started medical school, the most popular practice goal among them was private practice in a primary care specialty in a small to medium-sized town.

Choosing medicine as a career

A variety of roads lead to medical school. For most it's the next stop after college. For others the path isn't as direct. But each route taken includes a series of experiences which motivate one to pursue a career in medicine.

Sam Cummings, a second-year student from Pembroke, says, "I don't believe it has to be a dog-eat-dog world, and as naive as that may sound it's what has kept me going." Cummings, a member of the Lumbee tribe, hopes to return to his hometown after graduation to establish a practice.

"I've had an interest in medicine ever since I was young, but it wasn't until I was in the military, stationed in the Philippines, that I decided a medical degree was what I really wanted."

Cummings, who at 33 is several years older than most of his classmates, believes his 6½ years in the military and two years teaching school in Robeson County are real assets.

"Besides, when I was 22 I never imagined that medical school was an option open to me. It wasn't until years later that I realized scholarships and financial assistance were available."

Cummings freely admits that getting used to studying again was difficult after so many years away from the student side of the classroom, but after completing his first year he's more confident than ever that his dream of becoming a physician will be realized.

'A goal I'm going to achieve'

Yolanda Vaughan, also a second-year student, smiles when she recalls that as a child she was big for her age. "It made it easy for me to get working papers. So before my 14th birthday I was already working a paying job at Walter Reed Army Medical Center. I went to a science-oriented high school in Washington, D.C., and during the summers I either had paying jobs or volunteered in hospitals."

Eventually she became a medical technician. But something was missing, and after working for a short time she applied to medical school.

"The work can seem overwhelming at times, but obtaining a medical degree is a goal I've set for myself and I know I'm going to achieve it."

Vaughan is interested in a career in emergency medicine. "I like the spontaneity of emergency medicine, and I feel I do my best work under pressure."

Where would she like to practice? "Anywhere there is a real need for my skills."

Dual interests

Wayne Rackoff, a first-year medical student, also took time after undergraduate school to work for awhile.

"I needed the time to determine if medical school was what I really wanted. I've always been a fairly good student in the basic sciences, and medicine was a popular topic in my house when I was growing up. So everyone naturally thought that medical school was where I was headed. But ever since junior high school I was fascinated with politics. So after undergraduate school I worked on a presidential campaign and ended up working for the Department of Health and Human Services in the area of hospital cost containment."

It was in Washington, D.C., that Rackoff met some people who had successfully merged both medicine and

an interest in public policy into a career. After remaining in Washington for only a short time, Rackoff applied to medical school.

"I'm not sure what area of medicine I want to specialize in. Right now I have to concentrate on successfully completing the first year. I'll have plenty of time later on to worry about a choice of specialty. I expect the work to be difficult and I'll probably study like I have never studied before, but I'll have the satisfaction of knowing that I'm enrolled in medical school because I want to be here and not because someone else expects it of me."

It's a short bike ride to class now for first-year medical student Wayne Rackoff. But he came to medical school from college by way of the political arena. 'I needed time to determine if medical school was what I really wanted. I've always been a fairly good student in the basic sciences, and medicine was a popular topic in my house when I was growing up. So everyone naturally thought that medical school was where I was headed.'

Class advisor: A friend and advocate

"Students know their first day in medical school at the University of North Carolina that there is at least one person who is especially interested in them," says Dr. Rosemary Hunter, assistant dean for student affairs. That person is their class advisor.

A class advisor is a faculty member designated specifically to be concerned about the welfare of 32 students during the entire four years of medical school, explains Dr. Jeffry Andresen, now in his ninth year as an advisor.

Since the advisory system is most useful when the students perceive their advisor as someone to whom they can relate and trust, each year the student body organization of the medical school, the Whitehead Society, presents to the dean's office a list of faculty members whom students would like to see as class advisors.

Hunter observes, "The advisors tend naturally to be the ones who spend the most time with the students, the ones students feel the most comfortable with."

Team work

Traditionally, each lab section has had one advisor, but last year a new twist was added to the advisory system—a husband and wife team are acting as co-advisors for 32 members of the class of '85.

Drs. Valerie and James Mandell (H.S. '78) were approached individually to be advisors for last year's entering class. But they decided to share a lab section because, as Valerie Mandell said, "if we each had a lab section of 32 students that would be 64 between the two of us. We asked if we could be co-advisors and have 16 students assigned to each of us. We felt we could do a better job that way."

Working as a husband and wife team the Mandells can show medical students how it's possible to combine both their career and their personal life, Hunter said.

"I look at these students and see myself," says Valerie Mandell. "I hope we'll be able to provide a bridge for them, to let them see someone who has made it through medical school.

"Our role as an advisor is both academic and personal, with an emphasis on the personal. We want the student to know when something's not going right for them, he or she can come to us and we will try to make it better for them. We act as both advocates and friends."

Andresen agrees. "An advisor is someone who cares about what happens to the individual student, someone who will act on the student's behalf."

Resource person

Hunter explained that an advisor also acts as a resource person. "I know of advisors who have helped students find day care for their children. They've helped to find a job for a student's spouse. Advisors also helped students obtain financial aid. Some advisors I know even give pocket loans in an emergency."

"But an advisor is not just for the guy in trouble," Valerie Mandell says. "We also look out for the guy who has a spark in his eye—the one who is especially interested in a certain area of medicine. We want to find these people too so we can help them excel in that area—so they can have a maximum go at it.

"As advisors we want to make sure students know all there is available for them at the medical school. We learn what's available so we can in turn tell the students.

"I enjoy being with students. It's refreshing to work with them. Frankly, they have a lot to give us. I talked to quite a few people who are advisors now or who have been advisors in the past. All of them said it was one of the most rewarding things they have done."

Andresen says of the advisory system, "I can't stress enough the importance of the human association—what happens is so very important. As an advisor you feel as if you've been able to help students in their time of need. That's a good feeling."

To which Valerie Mandell adds: "The advisory system is like the medical school saying, 'Hey listen, we care.' "

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The basic science years: The foundation

Students in the first two years of medical school are bright, motivated and anxious to make their mark in the world. They want to be doctors. At the same time, entering medical students realize that all their prior education is merely a foundation for the knowledge they must accumulate before being entrusted with anything so precious as another person's health. So, dutifully and diligently—if somewhat impatiently—they engage the basic science years.

The first step in learning to be a doctor is learning what the human body is made of and how it works.

"You need to have a good understanding of what is normal in both structure and function before going on to explore the abnormal," says Dr. William Huffines ('55), associate dean for basic sciences.

A jam-packed curriculum gives students a grounding in anatomy, physiology, bacteriology, biochemistry, pathology and pharmacology. The pressure is intense, because there is more to learn than anyone possibly can learn in two years. And still, it is only the beginning of what a doctor needs to know.

Huffines concedes that for many students in the basic science years, the level of stress is extremely high.

"Most students have had a rigorous pre-med experience which prepares them well. But in medical school the quantity of work is so much greater and the pace is accelerated. It's hard to comprehend unless you've been through it.

"Academically speaking, most students will have the greatest difficulty in the first two years."

Basic medical instruction

Although dominated by basic science studies, the first two years do offer students frequent reminders that they are, indeed, on the road to becoming doctors. Sprinkled among the courses in cell biology and pathophysiology is some preliminary training in basic medical practice: taking medical histories and performing physical diagnoses.

"We also try to impart an awareness of social issues and ethical issues they will face as doctors," Huffines says, acknowledging one of the most important evolutions in medical education in recent decades.

Dr. James Bryan, in his popular "Introduction to Medicine" course, challenges first-year students really to

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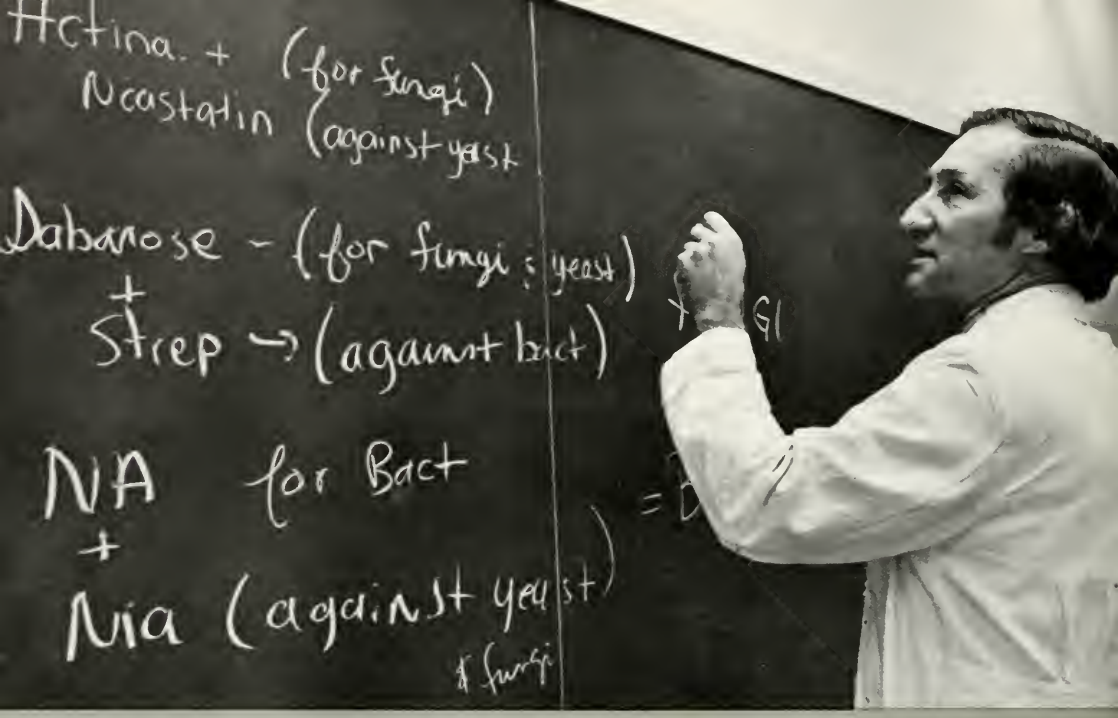


"think seriously about what being a doctor is all about." He asks students to look critically at the role of doctors in society and to figure out what kind of doctor-citizens they want to be.

"These are good people who come in here," Bryan says of medical students. "But in the first couple of years, you can lose sight of what it's all about. I just hope to keep alive some of their altruism and sensitivity and ability to see patients as people, rather than as medical cases."

Bryan describes his course as an "oasis" in the first two years that may be as important for students emotionally as it is intellectually. "It gives them sight of what they have to look forward to as physicians, while struggling with learning the basic sciences."

Basic issues in society

Students have an opportunity to consider the question of ethics in even greater depth in a first-year course, "Social and Cultural Issues in Medical Practice," led by Dr. Larry Churchill.

"In discussing ethics, we try to cover some of the most basic kinds of issues that students are likely to encounter as doctors," Churchill explains. "That may include everything from keeping a confidence to how to deal sensitively with a terminally ill patient and his family."

Nancy Earl, a fourth-year medical student, says that early exposure to social and ethical issues has been a crucial part of her medical training.

"When you get to the third year, you're so overwhelmed with tasks that there is a tendency to think of patients as 'my diabetic' or 'my alcoholic' and lose sight of the whole person. And unless you have been exposed to the more human aspects of being a doctor in the early years, I really think you've missed something important.

"I think this school does a good job of integrating an awareness of human values into the basic science training."

Medical students sometimes may feel that the weight of studies in the first two years is oppressive, but they ought to see how much has been left out.

"If we included everything that people think students should be exposed to, it would expand the curriculum by several years," Huffines observes. "People in every phase of medicine think their area of interest deserves an identifiable segment in the curriculum, but there is a finite amount of time. The curriculum needs to remain flexible, but basically, we can only include those things that most people feel are most important for students to know."

Huffines noted that the medical school is currently conducting an intensive review of the curriculum. It is intended to ensure that students are learning about the most significant developments in medical science and important social and ethical considerations, as well as the fundamental facts about the human body that physicians have always needed to know.

The clinical years: Rewarding relationships

A few weeks after completing the second year, the medical student's experience changes significantly. Basic science classes and labs have provided an understanding of how the human body is supposed to function. Pre-clinical courses have presented human illness in the abstract. Now the student sees many bodies not functioning properly. Illness is no longer abstract, but is a condition of real human beings.

During the first two years, the student has had group patient contact in physical diagnosis classes. Now he or she begins to refer to "my patient." Having obtained a strong scientific foundation during the basic science years, the student now begins to learn the empirical art of clinical medicine.

"When students begin their clerkships and join the team taking care of patients," says Dr. William E. Easterling, ('56), associate dean for clinical affairs, "they begin an intense integration of their fund of knowledge and skills and to invoke the humanistic qualities that all physicians must have in establishing a rewarding relationship with a person who's ill.

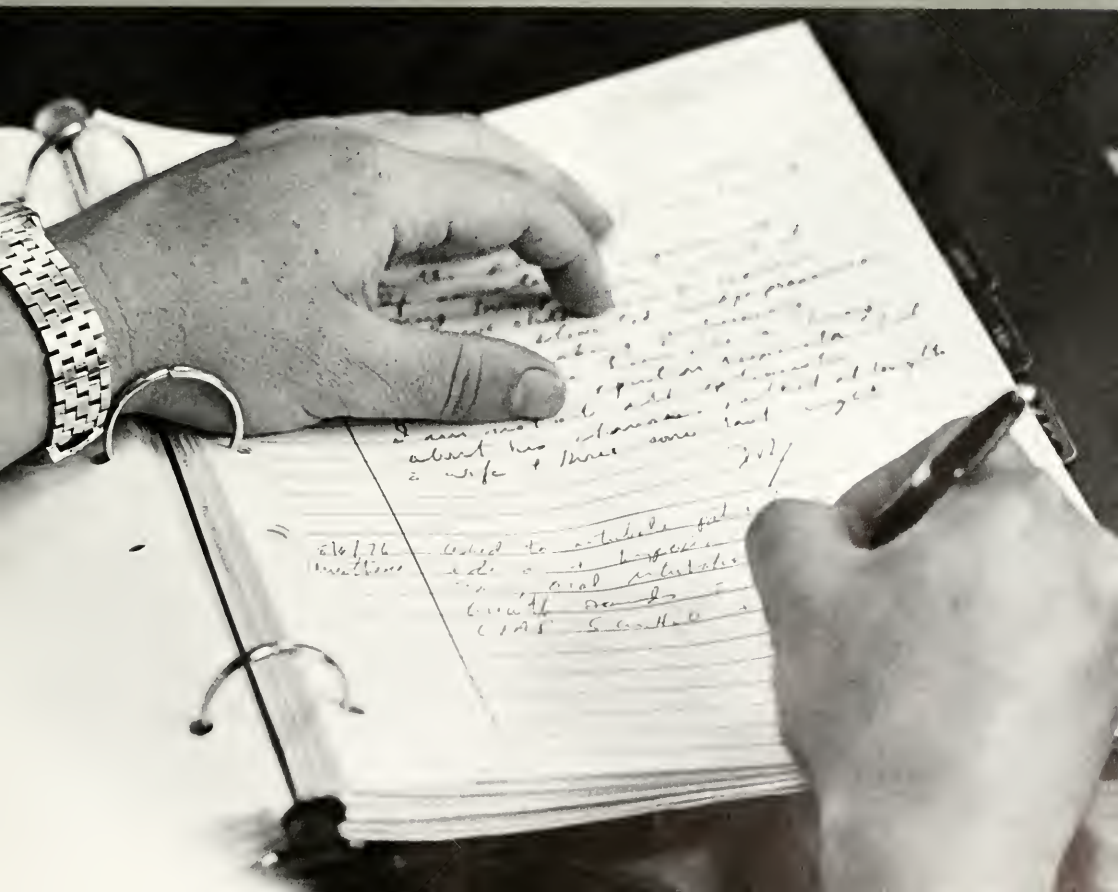
"They are faced with problem solving exercises that call on all the resources that they have acquired over the previous two years."

For 12 weeks each in medicine and surgery, six each in pediatrics, psychiatry and obstetrics and gynecology, third-year students serve as clinical clerks. They take and present case histories and assist in diagnostic procedures. They learn from as they contribute to case consultations.

Looking toward a subspecialty

The clerkships also offer exposure to subspecialties as appropriate. This experience can help shape the fourth year.

"Many students will have made their career choice by the end of their third year and are advised to design their



'Many students will have made their career choice by the end of their third year and are advised to design their fourth year to strengthen this base in other areas before going into the more specialized experience of their chosen field.'

fourth year to strengthen this base in other areas before going into the more specialized experience of their chosen field," Easterling says.

"For example, a student going into a surgical specialty, in my view, ought to concentrate more on medical subspecialties in the fourth year. When I talk with students planning to go into obstetrics and gynecology, I emphasize acting internships and other clinical electives in medicine."

Other faculty offer similar advice, and the advice is generally heeded.

Students' participation in patient management is more intense in the clinical elective courses of the fourth year than in the clerkships. The more than 200 electives offered include acting internships, extensive clinical experience in subspecialties and opportunities for in-depth study and investigation in special areas of interest to the student.

Elective selection is coordinated through the student records office under the supervision of the School of Medicine's committee for elective programs.

Beyond the medical center

Thirty percent of the clinical training of third- and fourth-year students take place in the Area Health Education Centers across the state, according to Dr. Eugene S. Mayer, AHEC director.

Additional opportunities for clerkships and electives are available in foreign countries.

"AHEC rotations add a dimension to students' clinical education that wouldn't be achieved if all that education were carried out in the academic medical center," Easterling says. "Students have the opportunity to see a wider range of illnesses. And, perhaps just as important, they interact with physicians in the private practice of medicine and thereby gain further insights into the physician-patient relationship."

Clinical opportunities abroad allow students to see firsthand the way other countries deliver health care.

"Students who go overseas are impressed with the similarity of the fundamentals of the practice of medicine while learning more about the different ways the delivery of care is organized and rendered," Easterling notes.

Whatever the setting, students find the move from the classroom to the clinic, from the lab to the bedside, exciting and challenging. The opportunity for direct patient contact is, of course, a primary factor. But students also find the interaction with their teachers to be exhilarating, in the clinical years as well as the basic science years.

And that relationship is mutually beneficial.

"Always having students around asking questions keeps you on your toes," AHEC Director Mayer says. "It makes it fun to be a teacher here, and it makes it fun to be a teacher in a small town."

Easterling adds: "The close relationship between faculty and students in this school is one of its great strengths. It's been exciting for me to be part of this tradition."

Profile of a student

Nancy Earl probably would have been a good medical student 10 years ago. But think of all she would have missed.

First, she wouldn't even be in North Carolina. She wouldn't have earned an advanced degree in psychology from Duke. She wouldn't have run a program for adolescents for the Department of Corrections or a biofeedback program for people with back pain. And she wouldn't have worked as a clinical psychologist in mental health centers.

Having finally gotten all that out of her system, she is now, by all accounts, an outstanding medical student.

"She is not only bright, responsible and inquisitive—all the things a good medical student should be—but she has a degree of maturity and sensitivity that many others don't have," says Dr. Myron Cohen, assistant professor of medicine and bacteriology. "These are attributes that will serve her well in clinical medicine."

A native of Southern California, Earl was a pre-med student at another university when she became "disenchanted with the unhealthy competitiveness of the people I was with" and decided, instead, to pursue a career in basic research. A long-standing interest in the physical aspects of behavior brought her to the physiological psychology program at Duke.

She admits that her first impression of North Carolina was decidedly unfavorable. "I arrived in late August, with the humidity 99 and the temperature 99."

Sought clinical involvement

Her research in neuroanatomy was interesting, but, eventually, a desire to be more involved with clinical applications of what she was learning led to another change in career plans. She became a clinical psychologist, working with juveniles in a program sponsored by the Department of Corrections, and then in mental health centers in Rocky Mount and Burlington.

In the process, she "fell in love not only with North Carolina, but North Carolinians," including Dr. Billy Royal (HS '61), whom she married. Royal is a forensic psychiatrist at Dorothea Dix Hospital and a lecturer in the School of Medicine.

Clinical psychology had its rewards, but again Earl felt a nagging dissatisfaction, a need for more training. Gradually she realized that her career goals had come full circle. What she needed was a medical degree, because what she really wanted to be, after all, was a doctor.

She was accepted at a number of schools and after carefully weighing what each had to offer, she chose UNC-CH.

"One reason was that it seemed to be a very strong, academically oriented place without being oppressively

competitive. And that first impression has been borne out. There's a real sense of camaraderie among students and an effort to help each other out."

Earl says that in some ways it was difficult to go back to school after working full-time for several years. But she believes that her out-of-school experiences helped to make her a better student. At the age of—"just say somewhere between 30 and 40"—she feels more secure and self-confident than many students.

Dr. Robert Croom ('64), associate professor of surgery, describes her as "rivaling the best medical students I've ever seen."

"She always shows sound reasoning and thinks well on her feet—is assertive, but not unpleasantly so. In addition to conveying a sense of professionalism, she is very personable and outgoing."

Earl is also, by her own admission, rather talkative. Here is what she has to say about various aspects of her medical education and her future as a doctor:

On being a female medical student

"As a minority student, no matter what minority that is, there's always pressure to show that you can be just as good as the majority.

"I'll admit I came to the third year having heard stories about how people in certain specialties are antagonistic toward female medical students. But I haven't found that to be true. With very few exceptions, I

haven't felt any discrimination or any special consideration."

On first encountering patients

"Even though I had the advantage of having worked with people in mental health centers, I felt an incredible amount of anxiety at the beginning of the third year. There's the fear that you're going to do irreparable damage to somebody.

"But you soon lose that fear and realize there's an incredible support system behind you and you're really not in a position to hurt anybody. In fact, you begin to realize that the opposite is true. You're in a position very definitely to help people—from finding a lab value that no one else has noticed to just spending time with a patient.

"Now, I'm much more comfortable with a variety of patients."

'One of the wonders of medicine as a career, as well as one of the difficulties, is that there are so many options. Every time I take a new rotation, it rules it in as a possibility.'

On choosing a specialty

"One of the wonders of medicine as a career, as well as one of the difficulties, is that there are so many options. Every time I take a new rotation, it rules it in as a possibility.

"I plan to start with at least a year of internal medicine, but I know my main academic interest is in neurology, so that's where I may end up.

"At times, as a woman, I feel something akin to a responsibility to work in women's health care. I enjoyed my ob-gyn rotation tremendously and am going to do an acting internship in that area.

"Although I'm still considering several areas of medicine, I am definitely interested in practicing in an academic position. I would like to teach and have a hand in research. Also, I like the variety of patients you see in an academic setting."

On what makes a good doctor

"From what I've seen, I think respect for your patients is one of the most important things that go into making a good doctor. You can't fall into the trap of thinking that somehow you're on a different level from them.

"A good physician must also be a good teacher—not only able to teach students, but patients, too. That's a big responsibility, and I think that teaching preventive care, particularly, needs more emphasis than I have been exposed to.

"Part of being a good physician is being involved in your community, being responsible for the level of medical care and interacting with others in the profession."

Now in her fourth year of medical school, Earl says the most difficult adjustment has been reconciling the demands of her academic life with her family life and a multitude of personal interests. She says her family has given her a great deal of support and encouragement.

When there's time, she enjoys gourmet cooking, photography and following the local soccer team. "I also like to run, when I have the motivation, and still have high hopes for putting in a garden someday."

Meanwhile, she is having the time of her life in medical school.

"It's hard work, but I can honestly say I absolutely love it. I feel that I am really just embarking on an educational experience that I expect to continue forever. I'm very happy about that."

The teacher's challenge

Although medical students are brighter and better educated than ever, teaching them effectively has become more, not less, of a challenge. And it's a challenge faculty members approach with enthusiasm and a keen sense of responsibility.

The scientific base is expanding so rapidly that it's no longer possible for faculty members simply to share information—students have reached the saturation point.

"The medical students we see now are smarter than ever," says Dr. John Graham ('40), a member of the faculty since 1946. "To think that you're going to stuff their heads with knowledge is a lot of nonsense. What we can try to do is point out the things we see as important and stimulate them to integrate these into their core of knowledge."

Dr. Janet Fischer, who has been teaching at all levels since 1945, said one of the biggest challenges facing the teacher today is finding out what students don't know. "They may think all they need to know is how to get along with patients, and you may perceive that they need some basic knowledge about the disease. Most students perceive normal as being a very narrow area. You have to widen their horizons so they will realize something else may have played a role. The aim at the end is not to have them know everything, but to have them know what they don't know and to stimulate them to continue to study."

But one of the best things about teaching medical students is that they are, by nature, highly motivated, goal-oriented individuals who already have survived a rigorous selection process.

"Good students border on being almost obsessive and compulsive," says Dr. Paul Biggers ('63), 1980 Professor of the Year. "They show an eagerness to learn, which serves as a stimulus to the person who's teaching. We have to work hard to ensure that what we're telling them is the best available, generally accepted, state-of-the-art information."

Enthusiasm comes across

"If you're enthusiastic about your topic, this comes across to the student," according to Fischer, Sarah Graham Kenan professor of medicine. "You may teach the same topic every year, but you don't teach the same thing—the scientific base becomes more and more complex."

Biggers agrees. "The questions remain the same. The answers are continually changing."

Most faculty members focus their teaching efforts differently in the basic science than in the clinical years but believe a collaboration is essential. "You have to make sure students are well-based in the basic medical sciences in order to understand what's going on clinically," Biggers says. "Sometimes you have to know more than you want to know before it all makes sense. Once that happens, the information is yours for the rest of your life."

Biggers, J.P. Riddle distinguished professor of surgery, says in his ideal world, students would be able to go

'You have to make sure the students are well-based in the basic medical sciences in order to understand what's going on clinically. Sometimes you have to know more than you want to know before it all makes sense. Once that happens, the information is yours for the rest of your life.'—Biggers

through all aspects of medical school twice—once as an overview and the second time for real and for credit. "If you were able to see clinical medicine, you would know where to place the emphasis in the basic science years. There would be all sorts of applications you could think of for advancing basic science and applying it to clinical problems."

But no such fantasy world exists and faculty members often have a very short time to pass along a lifetime of knowledge and experience.

"I think back to my old medical school experiences and the teachers whom I value the most were those who made me work the hardest," Graham says. "I don't give a damn about short-term popularity. What I care about are the long-term effects on our students. If you are rigorous and demanding, you may be able to create habits in students that will be useful to them for a lifetime."

Thoroughly prepared

Graham, alumni distinguished professor of pathology, often uses his own research projects as teaching material

'Most students perceive normal as being a very narrow area. You have to widen their horizons so they will realize something else may have played a role. The aim at the end is not to have them know everything, but to have them know what they don't know and to stimulate them to continue to study.'—Fischer

'There's a lot of talk that I agree with about how teachers ought to do research because it keeps them up-to-date. But I also think researchers ought to. . . teach because it clarifies their minds.'—Graham

and tries to present thoroughly prepared lectures. "I like to put my stuff down on paper so that if I drop dead on the way to class, it won't matter.

"There's a lot of talk that I agree with about how teachers ought to do research because it keeps them up-to-date. But I also think researchers ought to be made to teach, because teaching clarifies their minds."

For Biggers there's no substitute for taking time to be with students. "The easy thing would be to tape a lecture and have a slide projector, but one of the things that concerns me is the ability we have to reproduce data. I've often wondered how many slides the modern medical student sees."

Both Biggers and Fischer like small groups where students feel free to enter into discussion and ask for clarification. "There's no such thing as a dumb question," Fischer says. "The dumb medical student is the one who has to keep asking the same question over and over again."

Organizing and remembering vast amounts of information are not the only problems facing medical students. They are increasingly aware of medicine's role in society, the ethical and moral conflicts they may face and the economics of providing health care to large numbers of people.

"They are so bright and so aware of what's going on in the world and they face a very uncertain future," Biggers says. "Fifteen years ago we were told there was a health manpower shortage. Now there are problems with overcrowded specialties and maldistribution of physicians. There is intense competition for the best residency positions. The competition doesn't really let up, and I'm sure it will take its toll on some."

Another key role

Helping students deal with these pressures and learn how to make the maximum use of their time is another key role faculty members play. "Medical students face a real conflict," Biggers says. "They know how to do a physical exam that is so thorough that it would take an entire day. But they know they won't have the luxury of devoting one day to a patient. It's a real art to learn where to place the emphasis."

Fischer often finds herself teaching a pragmatic, problem-solving approach to patient care. "Patients don't come in with one disease or problem. You make a selective judgment and work on the one which threatens the patient's life. But you cannot turn back the clock."

It's the medical facts of life, and accepting them is perhaps the most valuable lesson a student can learn and a faculty member can teach.

"All of us come into medicine thinking that we will be able to conquer disease and make a tremendous contribution to medicine," Biggers says. "When you search the literature and really delve into a problem, you find out how many other people have struggled with it and how complex the problem really is. It's a startling revelation and a rather humbling one."

Opportunities for student research

An increasing number of medical students are taking advantage of the research opportunities offered by the School of Medicine. Some participate in research programs as a supplement to their medical studies. Others pursue an additional degree in the basic sciences while completing requirements for the M.D. degree.

Introducing students to the excitement and discipline of medical research is the goal of the Office of Student Research and Academic Enrichment.

Established two years ago to bring students, research opportunities and funding together, the office was able to support 40 students last summer in a wide variety of settings.

Funding for short-term research was made possible through a grant from the National Institutes of Health and other sources have been tapped to support longer, full-time projects.

The goal of these programs is to introduce students to the investigative and problem-solving techniques which they will use throughout their careers in medicine. Applying the scientific method, both in the laboratory and the clinical setting, will enhance their effectiveness and broaden the scope of their experience.

"We're trying to get students excited about research," says Dr. Arthur L. Finn, director of the student research program. "Many of these students see faculty members in the classroom, but this gives the faculty the chance to show students what they do in the lab."

Finn says when students first enter medical school they are very interested in science and research, but once they arrive they seem to become less and less interested in the basic sciences.

To take advantage of this early interest, Finn's office contacts students accepted into the School of Medicine and may accept them into a research program immediately. Students also are encouraged to undertake research projects throughout their medical school years.

Albert Luh, who began medical school in August, was delighted to have the opportunity to spend the summer doing something that was related to his future career. Luh spent the summer working with Dr. John Winfield, professor of medicine, on a research project dealing with systemic lupus.

"It was really great," Luh says, "and I'm definitely interested in doing more research next summer."

Albert Luh (at left) worked on a research project during the summer before he entered medical school. The Office of Student Research and Academic Enrichment sponsors numerous research opportunities for medical students. Some students, such as Al Osbahr (next page), are working toward degrees both in medicine and the basic sciences through the M.D.-Ph. D. program.

Like other student researchers, Luh had to find a member of the faculty to serve as his preceptor. He says he was hampered because his background was in physics rather than biology, but Winfield was willing to teach him "from the ground up."

M.D.-Ph.D. Program

Early exposure to academic medicine can have long-term consequences for some medical students. As a high school student, Al Osbahr spent a summer at NIH through a National Science Foundation program. That experience was a key factor in his decision to pursue both an M.D. and a Ph.D.

"The person I worked with had both degrees and was a very diverse person. He had really been able to get a lot done. It was the first time that I got the idea that the two could be wed together."

Osbahr is one of a handful of students working in the combined M.D.-Ph.D. program designed for students who are interested in an academic research career in the biomedical sciences. The program offers the opportunity to combine graduate education and doctoral research in a basic science and the clinical studies necessary for a medical degree. It generally takes six or seven years to complete requirements for both degrees.

"The clinical investigator is very important in advancing medical care," says Dr. Robert D. Utiger, director of the M.D.-Ph.D. program. "The research physician is responsible to a very considerable extent for transferring basic knowledge into clinical practice and is intimately involved in clinical trials.

"Basic medical knowledge is emerging and changing so rapidly that a physician-scientist lacking a very solid base in basic science becomes obsolete in five or 10 years after graduating from medical school. What appears to be needed are persons possessing both the clinical background of the physician and the scientific background of a Ph.D."

Osbahr has finished his first two years of medical school and now is working full-time as a graduate student in the neurobiology program. He expects to have both degrees by 1986 and is looking forward to a combined residency in internal medicine and psychiatry.

It's not an easy road to travel and keeping things on track in both the medical school and the graduate school requires a lot of coordination. "You really have to pace yourself. If I don't make it in time, the only person I have to fault is myself."

Anticipating the flexibility he'll have when he graduates with two degrees is Osbahr's big motivation. "I figure if the opportunity is here I may as well take a shot at it now and it may pay off for me down the road."

Opportunity is the key word in both the student research and M.D.-Ph.D. programs. The programs are here to open new doors and give medical students the chance to see and experience the broad scope of both academic and clinical medicine.

Recruiting minority students

"The medical profession is more likely better to understand and serve the needs of all health care consumers if its membership is representative of all our citizens," says Dr. Marion Phillips, associate dean.

"Thus, the School of Medicine is committed to having a student body which reflects our diverse population."

This commitment is the basis for an active—and quite successful—minority student recruitment program which Phillips heads.

Several sources provide prospective minority candidates.

"The first source consists of the undergraduate colleges in the state of North Carolina that have nurtured and encouraged an able and energetic pool of minority pre-medical students over the past quarter of a century. Both the public and the private institutions within our state continue to produce highly competitive students who attract our attention.

"The faculty and pre-medical advisors of many colleges and universities have developed a trust in us based on the success of many of their former graduates who are now enrolled here or are medical school alumni. Year after year these dedicated faculty and pre-medical advisors refer some of their best students to me, and this has resulted in the development of a very effective network."

Referrals from medical alumni who have contact with promising students are also important to minority recruiting efforts.

Another means of identifying and recruiting promising students is provided by special programs for pre-med students. Each summer, the UNC-CH medical and dental schools sponsor the Medical Education Development Program. The MED program is offered to students from disadvantaged backgrounds who have shown strong promise for professional school.

"This program obviously provides the School of Medicine with an opportunity to recruit those participants who are highly interested in medicine and are attractive to the admissions committee.

"There are approximately 10 other pre-medical enrichment programs sponsored by U.S. medical schools that are targeted by us for some form of recruitment activity."

A final source of candidates is the Minority Medical Register. "This information service, which we receive each year from the Association of American Medical Colleges, lists all minority students who took the Medical College Admission Test. We utilize this source to identify and contact pre-med students and others who have performed well on this standardized examination."

Trends and opportunities

In recruiting minority students, Phillips talks with them both about medical education in general and the opportunities available in Chapel Hill in particular.

"I try to tell them there are things they can do to prepare for medical school—basic information about admissions requirements. I also tell them about programs such as the MED program which are offered to undergraduate students.

"I describe trends in medicine that may affect them and their career decision-making. I share information about this medical school, and I convey school's commitment to an eclectic student body."

The role of the student in the UNC-CH School of Medicine is also a selling point.

"I try to share the role of the student in the overall medical school picture and the tremendous contributions our students are encouraged to make to the overall life of the medical school. And I encourage the students I talk with to bring their variety of talents to Chapel Hill."

'I try to share the role of the student in the overall medical school picture and the tremendous contributions our students are encouraged to make to the overall life of the medical school. And I encourage the students I talk with to bring their variety of talents to Chapel Hill.'

Student involvement

The recruiting program itself often provides an example of the role of students in the UNC-CH School of Medicine.

"Many medical students serve as important contacts with pre-medical students on undergraduate campuses and play an active role as members of our recruitment team. Medical students are superb recruiters and deserve a lot of credit and thanks for the splendid job they do on behalf of the medical school here in Chapel Hill."

The UNC-CH medical school has enjoyed significant success in minority student recruitment for a number of years. Minority enrollment has averaged about 15 percent for more than a decade and currently stands at nearly 18 percent.

The success of out-of-state recruitment is reflected in recent increases of admissions of North Carolina residents who attend colleges and universities in other states, such as Howard, Harvard, Fisk, Notre Dame and Atlanta University Center.

"The out-of-state recruitment efforts have a dual focus, to encourage North Carolina citizens to return home, and to identify and inform out-of-state minority students of our competitive M.D. program and the high quality of research done here."

It's a continuous process that produces these results. Phillips and other representatives of the School of Medicine visit undergraduate campuses throughout the academic year. And referrals might come at any hour of any day.

"A recruiter is always on call. I have learned to expect inquiries at any place, at any time, from anybody about opportunities for medical education at the University of North Carolina School of Medicine."

The cost of medical education

The cost of obtaining a medical degree from the University of North Carolina at Chapel Hill today is three times what it was in 1967. The School of Medicine catalog for 1967 estimated that the total cost of the four years, including room and board, was $7,500. Today, for the student who lives off campus, that same amount wouldn't pay for the first two years. Financial aid officers, administrators and the students themselves don't see the financial picture getting any brighter as recurring bouts of inflation, deflation and general economic instability drive costs up at unheard of rates.

Gaining a medical degree is costly no matter where one decides to go, but in comparison to other medical schools throughout the nation UNC-CH remains one of the least expensive to attend. Tuition and fees here amount to only a fraction of what some medical schools must charge their students.

Tuition has remained relatively low at the University of North Carolina for several reasons. First, the state is an ardent supporter of its four-year medical program and has been ever since it was established 30 years ago. Federal grants, private contributions and student loan programs have also been utilized to the maximum in an effort to keep costs as low as possible. In addition, North Carolina's moderate cost of living places UNC-CH in a favorable cost position in comparison to many schools in other areas of the country.

Despite the medical school's low cost, 78 percent of the students presently enrolled receive some form of financial assistance. This comes in the form of grant money, guaranteed federal loans, summer jobs, fellowships, military scholarships, North Carolina Department of Human Resource funds, bank loans or any combination of a number of different sources—so many sources in fact that the Student Loan Marketing Association (''Sallie Mae'') will consolidate a medical student's loans into once-a-month payments, scheduled to begin shortly after graduation.

Rising tuition costs have put medical students further into debt. In parts of the country it's not unusual to hear of young M.D.s starting out $40,000 to $50,000 in debt. At UNC-CH approximately 85 percent of last year's graduating class owed less than $19,000 with the average indebtedness being $13,100. Only one graduate owed more than $30,000.

The actual cost

Yet even these seemingly high figures do not represent the actual cost of training a physician. Financial aid officers and N.C. Department of Human Resource personnel estimate the true cost of training a physician is approximately double what the student actually pays. This shortfall must be made up by the University through foundation grants, private contributions and the state's taxpayers.

With the future of the federal loan program in doubt, more and more students will be forced to turn to high interest loans to cover the costs of their medical education. Should students end up paying commercial interest rates it could easily quadruple the cost of a medical degree.

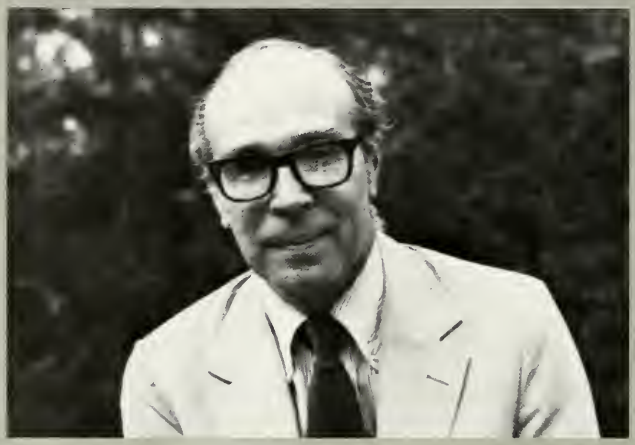
The lasting effects such soaring costs will have on medical education have yet to be determined. Even with the possibility of having a staggering financial burden after graduation more students apply each year than can be accommodated.

However, there remains a growing concern on the part of administrators that medical school will end up being affordable by only the very rich and the fortunate few who have obtained scholarships. According to the medical school's office of financial aid, ''the continued availability of significant amounts of student financial assistance is essential if a medical education is to be accessible to a cross section of our society.''

Students insist that the cost of their medical education will have little effect upon their choice of medical specialty. But several students agree that the cost of their loans will compel them to alter their career plans in some fashion to pay off debts—debts the class of 1967 never thought possible, and debts the class of 1987 may envy.

Dr. Marion Phillips tells prospective students of UNC-CH medical graduates' consistent success in the National Residency Matching Program. Each year, most students are placed in programs representing their top choices for graduate medical education, including residencies considered to be among the most prestigious in the nation. Minority students often compete successfully for these positions. Here, Phillips shares Match Day excitement with 1982 graduates Florice Graham Blackmon (left) and Myrlin Murphy.

The making of a physician



These then are some of the experiences of medical school as seen firsthand by those involved. As Ernest Hemingway said of experiences which in many ways were for him comparable, it is indeed, "a moveable feast." Of course these experiences are only one set of the many which go to make competent and caring physicians—early personal and education experiences, undergraduate education, the experiences of the residency years and most notably the growing experience and continuing education of the practicing physician.

But the medical school experience is the common denominator and in many ways, it is both seminal and determinative. And it is never static. Students as well as faculty strive continuously to improve the educational experience and while not all changes are improvements, by and large our overall effectiveness moves forward. For me, the great challenge for the future will be to build, on the solid base of biomedical science, an extension incorporating the great and continuing advances of modern science while strengthening our ability to educate by study and by experience for humanistic practice in the great array of professional tasks.

Since the physician must draw on an array or perhaps more aptly, a syncytium of understanding and abilities, medical education too can only be considered accurately in its totality, for many elements must be strong if the education is to serve its purpose.

We hope you have enjoyed these descriptions of important parts of education in our medical school. If you have questions or suggestions, please write.

Stuart Bondurant, M.D.
Dean
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Medical Alumni Bulletin

VOLUME 29 SPRING 1983 SCHOOL OF MEDICINE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

A boost for CF research

Medical Alumni Weekend highlights

On the cover

Medical Alumni play prominent roles in the cystic fibrosis team at UNC-CH. Studies such as this one by Drs. Marianna Henry (M.D. '77) and Gerald Strope (HS '77) to measure effects of viral infection on lung function may provide important clues about thick mucus that plagues people with CF. The Cystic Fibrosis Foundation recently awarded UNC-CH a $1,125,000 grant to establish a CF research center here. For the story, see page 2.

Medical Alumni **Bulletin**

UNIVERSITY of NORTH CAROLINA

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Behind the lines

We indebted to Dr. Lytt I. Gardner for the photo of Dr. William MacNider which appeared in the fall 1982 Bulletin and the photo of Dr. James Bullitt which ran in the most recent Alumni Times. Dr. Gardner, a former UNC-CH medical faculty member and now professor of pediatrics at the State University of New York Upstate Medical Center in Syracuse, notes that he took the picture of Dr. MacNider in 1937 in Caldwell Hall. Incomplete information available at press time had led us to believe that the photo had been taken a few years later in the then new medical school building.

In case you missed it, Dr. Bullitt's photo appeared in the spring Times with an article announcing that the preclinical educational building here has been renamed the Brinkhous-Bullitt Building. Dedication ceremonies are scheduled for Oct. 28-29.

Every one talks about rising health care costs and many people are trying to do something about them. At the same time, both not-for-profit and proprietary hospitals are trying to operate in the black. All the while, "General Hospital," ABC-TV's soap opera, is netting $1 million a week. Some serious doubts, however, might be raised about the quality of care (for viewers).

The flowers were, in fact, beginning to bloom in Chapel Hill in time for Medical Alumni Weekend, even if they were covered with snow. So if you stayed away, you missed both the beginning of another beautiful Chapel Hill springtime and our annual winter snow fall.

You also missed visiting with a lively group of fellow alumni and former teachers while attending a number of very special events.

The room was full for the first Spicer-Breckenridge Memorial Lecture. We've included tributes to Drs. Spicer and Breckenridge herein.

The classes of 1943 were inducted into the Manning-Berryhill Club, and three of their number presented thought-provoking talks during the Saturday morning symposium. We plan to print excerpts in a future issue.

The alumni visiting committee heard a report from the medical school curriculum review committee. Recommendations concerning curriculum revision are ready to go to the faculty for consideration. The results of this year-long process will be the theme of an upcoming Medical Alumni Bulletin.

The visiting committee also received a report from Dr. Eugene Mayer whom the dean has named to head a long range planning committee for the School of Medicine. We'll keep you informed as the committee's work proceeds.

The Annual Alumni Banquet this year was held in the Morehead Banquet Hall and featured classical music performed by the medical school's own chamber music group, "The Medical Instruments." Elegant is a word that comes to mind.

Highlights of the entire weekend are included herein for you to relive or to see what you missed. And so you won't miss it next year, put these dates on your calendar now: **April 6-7, 1984, Medical Alumni Weekend.**

—JWB

Five-year grant establishes cystic fibrosis center here

The University of North Carolina at Chapel Hill has received a five-year, $1,125,000 grant from the Cystic Fibrosis Foundation to conduct research into the basic cause of cystic fibrosis.

The grant, which was awarded at a luncheon attended by Governor James B. Hunt, is from the foundation's research development program. UNC-CH is only the second institution in the country to receive a grant to establish a cystic fibrosis research center.

"I am very proud that you have chosen our state as the site for your attack on cystic fibrosis," Hunt told CF foundation members at the luncheon. "We in this state have worked to develop a strong group of research institutions and we are pleased to see the first rate team here in Chapel Hill applying its talents to this important health problem."

Dr. Stuart Bondurant, dean of the School of Medicine, accepted the grant on behalf of the University. Dr. Philip Bromberg, professor of medicine and chief of the division of pulmonary diseases, has been named director of the CF research center.

The UNC research team, headed by Bromberg and Dr. Richard Boucher Jr., associate professor of medicine, received national attention last year when they discovered an important clue to the cause of the thick mucus which clogs the lungs of people with CF.

These studies linked, for the first time, the dry sticky mucus and extra salt in sweat of people with CF to abnormalities in the epithelia—cells that line various tubes in the body.

These findings closely parallel other activities that suggest decreased chloride movement through epithelia cells is the major defect in CF sweat gland ducts, which produce excessive salt.

The UNC research team discovered that they could test for differences in salt movement across respiratory epithelium by measuring electrical activity in the airways which they found to be abnormal in people with CF. They also found that the diuretic amiloride can temporarily alter the abnormal electrical activity.

The CF Foundation grant is for UNC-CH scientists to study precisely how chloride moves through cells and to study further the role of amiloride and similar drugs to counteract adverse effects.

According to Robert K. Dresing, CF Foundation national president, UNC's staff and facilities provide an ideal setting for a cystic fibrosis research center. The success of a number of the proposed pilot projects is dependent on the participation of CF patients and their families.

This is possible, Dresing explained, through the research center's strong link with the existing CF care clinic at North Carolina Memorial Hospital under the direction of Dr. Gerald Fernald (M.D. '60), professor of pediatrics.

"The commitment to cystic fibrosis research and the medical excellence demonstrated by the University of North Carolina is truly encouraging," Dresing said. "The scientific work accomplished here, combined with that of other institutions in the research development program network, will help accelerate the research process and bring us closer to the day when the CF puzzle is solved."

A group of volunteers who make up the CFF Research Development Council is spearheading a national $15 million capital campaign to fund the multidisciplinary research centers, Dresing said.

A large number of faculty members in the School of Medicine are members of the cystic fibrosis research team. Principal investigators include: Boucher, Dr. C. William Davis, research associate; Dr. Arthur Finn, professor of medicine and physiology; Dr. John H. Schwab, Cary C. Boshamer professor of bacteriology and immunology; Dr. Jaroslav F. Hulka, professor of obstetrics and gynecology; Dr. Michael K. Knowles (M.D. '71), assistant professor of medicine; Dr. Roy C. Orlando, associate professor of medicine; Dr. Monroe J. Stutts III (Ph.D. '78), research assistant professor of medicine. □

Dr. Michael R. Knowles (M.D. '71), assistant professor of medicine, demonstrates technique for measuring the electrical activity in nasal passages on Governor Jim Hunt. The cystic fibrosis research team has discovered the natural electrical activity of the airways is more than twice as high in CF patients than in healthy persons.

Dean's page

This spring there seem to more than the usual number of matters of considerable importance to the School of Medicine attracting the attention of our faculty, alumni, students and friends. Time and space do not permit a comprehensive description of these matters but I would like to cite three of these developments.

It seems that we are in a time of changing societal expectations of medicine and medical education. In the decades of the 50s and 60s, a principal theme of society's expectations of medicine was the development of the scientific basis of medicine to further the human condition. In the decades of the 60s and 70s, a principal theme was the development of improved access to health care through expansion of medical education and renewed emphasis upon the primary care specialties.

If there is a coherent theme for the 1980s, it may prove to be in the reassessment of the value to society of different parts of medical education and medical practice expressed as health care resource allocation, priority setting, cost/benefit or, I think better, cost/value. Many of the issues which concern us derive from the constraints on medical education and medical practice which, after a period of several decades, we are beginning to feel again in a serious way.

I participated recently in a symposium involving the chief executive officers of four of America's great corporations along with the deans of three of our great medical schools to discuss societal expectations from health care and medical education. I was disappointed that to a considerable extent the two groups seemed to be like ships passing in the night. Neither seems to understand entirely the perspectives of the other.

The leaders of industry pointed out that health care cost American industry approximately $60 billion a year and that for many industries these costs represent the margin between vigorous performance in the international markets and loss of competitiveness in the international markets. The leaders of business urged the application of organizations and management techniques proven effective in their world to the world of health care and medicine. Several of us pointed out that the techniques of American business and banking have not been universally successful in recent years and that there are some inherent differences between professional practice and corporate operations even in the service sector. When all is said and done, the simplistic application of current American business practices to health care may produce as much mischief as advantage.

On the other hand, it seems true also that much of medical education and medical practice has related increasingly to government and that there has been attenuation in the relationship between much of medical education and practice and the basic economic machinery of the country. American business, that is both labor and management, is and should be a big factor in shaping the nation's health care. As a minimum, American medicine and medical education should come to understand better the health care needs and perspectives of American business, and American business should come to understand better the characteristics of the health care enterprise and its idiosyncrasies.

Certainly the biggest immediate issue facing the School of Medicine this spring is the question of continuation of the freeze on state salaries. As many of the newspapers of the state have reported, we have lost a number of very fine members of our faculty owing at least in part to the freeze on the use of non-state appropriated monies for salary adjustments. Many alumni have helped to inform members of the General Assembly of the consequences of this freeze. I am hopeful that the freeze will be lifted in June in part as a result of these efforts. Our faculty salaries remain a serious problem. Even before the freeze we were well behind our counterpart institutions and our efforts to maintain faculty salaries comparable to those of other equivalent medical schools in the southeast have been seriously set back.

I suspect that many alumni read the comments on the size of our medical Schools which I made in a "Dean's Page" in the January 1983 issue of the North Carolina Medical Journal. In a nutshell, I advanced for comment the notion that North Carolina is now producing from its four medical schools approximately the correct number of physicians to keep up with the growth of population of the state in the future. Since about half of the physicians who begin practice in North Carolina come from other states and nations, any physician surplus in the future will be due to an excess of in-migration over emigration. As long as medical schools in other states and countries continue substantially to overproduce, the reduction in the size of North Carolina's medical schools will do little if anything to influence the possible surplus of physicians in the state. Further, North Carolina ranks worse than 40th among the 50 states in the access of its young men and women to careers in medicine. For these reasons, it does not seem appropriate to me to consider reducing the size of North Carolina's medical schools at this time.

Stuart Bondurant

Memorial lecture inaugurated; pays tribute to classmates

Dr. Arnold Breckenridge, 1915-45, was born in Chicago and moved to Chapel Hill when he was 11. He completed his undergraduate work at UNC-CH in 1937 and entered the School of Medicine with the class of 1939. He received his certificate of medicine in 1940 after spending an extra year as a fellow in pharmacology. A memoir prepared by a longtime friend appears on page 7.

Dr. Emmet Robinson Spicer, 1916-45, was a native of Goldsboro. A 1937 graduate of UNC-CH, he received his certificate of medicine here in 1939. Classmates of the late Drs. Spicer and Breckenridge established a memorial lecture in their honor. The lecture was inaugurated during Medical Alumni Weekend. For more details, see page 9. Memorial remarks about Dr. Spicer, presented by a lifelong friend, begins on the next page.

Emmet Spicer

By John B. Graham, M.D.
Class of 1940

Emmet Spicer was born and reared in Goldsboro. His father and uncle were physicians and his maternal grandfather, also a physician, had been superintendent of the State Hospital for the Insane in Raleigh. He attended the public schools of Goldsboro, graduating in 1932.

His higher education during the Great Depression was interrupted like that of many persons his age and he attended both Roanoke College and Carolina intermittently. He graduated from UNC in 1937 and entered the UNC School of Medicine that fall. He had been a member of the Zeta Psi fraternity at Chapel Hill and, while a medical student, lived in West House. This was a newly built housing unit just north of Swain Hall (then the college dining room) and housed five male students—four undergraduates and one graduate. This was regarded as the nicest housing set-up on the campus and placed Emmet in a very favorable location for one of his favorite sports, party-going.

Emmet was a good student and transferred from UNC to Cornell Medical College in New York City to complete his medical education. He graduated from Cornell in June 1941 and went into a combined medicine-pathology internship at Bellevue Hospital at the same time that his UNC classmates Tom Thurston and Buck Buchanan were there. He joined the U.S. Army Medical Corps as a first lieutenant in July 1942, and after basic training was assigned to an infantry division then training at Salina, Kansas. He decided that this type of troop duty was too boring and volunteered for the paratroops. He attended jump school, then was assigned in the spring of 1943 to the 462nd Parachute Field Artillery Battalion as its surgeon. He spent several months at Camp Mackall, N.C., where he met Elizabeth Gearhart, a very attractive and musically talented Red Cross worker. They were married shortly before his outfit left for the Southwest Pacific, where it was destined for action in the recovery of the Philipine Islands.

Emmet's unit went first to Australia and then to the Dutch East Indies to prepare for McArthur's invasion of the Philippines. He was involved in the invasions of Negros Island and then Mindoro, a small island just south of Luzon.

McArthur landed at Lingayen Gulf in Luzon in December 1944, and his troops rapidly drove south to seize Manila. Corregidor Island in Manila Bay remained in Japanese hands, however, and its guns prevented the use of Manila Bay as a naval base. The 503rd Parachute Regimental Combat Team, for which the 462nd was the artillery, was given the task of retaking the island. They parachuted onto it on Feb. 16, 1945, and took it from its garrison of more than 5,000 tenacious

Margaret Spicer, now a member of the Dartmouth College faculty, never knew her father, the late Dr. Emmet Spicer. But the time she spent with his friends and classmates in Chapel Hill, she said, did much to help her get to know him. Here she is greeted by Dean Stuart Bondurant at a reception which was one of the events associated with the first annual Spicer-Breckenridge Lecture.

Dean Bondurant unveils a plaque honoring Drs. Spicer and Breckenridge and commemorating the establishment of the Spicer-Breckenridge Memorial lecture. The plaque now hangs in Berryhill Hall.

Japanese troops after five days of savage fighting.

It was on the initial day of the drop that Emmet was informed that a soldier named McKee had been wounded in an area still under Japanese control. He left from the aid station against advice to render first aid and was never again seen alive by his comrades. He was discovered to have been mortally wounded when his body was found several days later, but before dying he had been able to administer morphine to himself and to fill out an emergency medical tag, the carbon copy of which has been preserved.

In my search for memorabilia I have uncovered a number of interesting items. One is a picture of Emmet at about age 16 which shows how handsome he was. Another is from the UNC Yackety Yack of 1938, and there is also a splendid wedding picture taken with Elizabeth. I was able to obtain several other pictures taken in Australia and the East Indies by his best Army friend, Fred Pope, including one taken on the morning the 462nd landed on Mindoro from an LST.

I found two letters concerning him in the UNC Alumni files. One, from Emmet and dated June 1944, had contained a check for $3 for a year's subscription to the Alumni Review. The other was from his mother to "Spike" Saunders, alumni director, thanking Saunders for his note of sympathy after Emmet's death. I also obtained two letters written in 1978 from and to Pope describing his friendship for Emmet, some of the military experiences of the 462nd, and the circumstances of Emmet's death.

Finally, we have the emergency medical tag which Emmet made out for himself as he was dying. Frederick Pope, his best friend in the 462nd, had kept it and is contributing it to the University as part of this memorial. This together with the other memorabilia and a somewhat longer memoir which I have prepared will be deposited permanently in the medical school archives.

Dr. John B. Graham is alumni distinguished professor of pathology in the UNC-CH School of Medicine. He presented these remarks at the inaugural Spicer-Breckenridge Memorial Lecture during Medical Alumni Weekend, March 25, 1983.

Arnold Breckenridge

By Nelson G. Hairston, Ph.D.

Arnold Breckenridge was born in Chicago. In 1927, his father was appointed to the law faculty of the University of North Carolina and moved with his family to Chapel Hill. There Arnold became associated with a group of boys who were interested in the study of birds. The guiding influences on them were provided by Manson Valentine, an instructor in the department of zoology, and especially by a student who was to become one of the most distinguished alumni of the University—Eugene P. Odum.

The seriousness with which Arnold pursued ornithology, and the degree to which he immersed himself in the subject, were to characterize his approach to everything that he considered worthwhile. Many of the specimens that were collected by him and his close friend, Edmund Taylor, are still in the collections of the department of biology, where their quality attests to the skill with which they were prepared.

Arnold graduated from Chapel Hill High School in 1932, and for one year attended Virginia Episcopal School in Lynchburg.

He entered UNC in 1933, and undertook the demanding premedical curriculum, while at the same time becoming active with the boy scouts and continuing as much as possible with his beloved birds. He partly paid his own way through as assistant in pharmacology.

Academically he did extremely well in mathematical and physical sciences. To understand better the earth's structure he studied geology and became a proficient surveyor. He was interested in almost all subjects. Wanting to see the world and understand other tongues, he learned both Spanish and French. His was a free spirit in choice of curriculum. No chaser of the easy A, he took courses for their content. The tendency of medical school admission committees today skews the choice of subjects, relatively neglecting the humanities. Of this, Breckenridge would not have approved. There is

more to a citizen and physician than science and technology.

After completing the two-year medical curriculum then in effect, Arnold was admitted to the medical school of McGill University—evidence of his willingness to accept a new challenge in another country, where he could test his knowledge of French.

He was a devotee of a variety of sports, including fencing, and McGill provided a bonus in the opportunity to learn skiing, an uncommon pastime then. He continued the variety, and in a wartime letter from California, he said he hoped to take up surfing.

On receiving his medical degree, he entered the navy and became a flight surgeon. It was characteristic of him that he did more than was required. An example was his internships. In the early years of the second world war, Arnold had an internship at the Naval Hospital on Treasure Island in San Francisco Bay. This was a very active medical service, and he had an eight-hour shift. St. Mary's Hospital across town was, like all other hospitals in our nation, in great straits for house officers all during the war. Arnold took an eight-hour-a-day internship at St. Mary's. It was a unique accomplishment to hold two internships at the same time.

Two duties that he didn't like were being a part of an inspection party, and being a member of the court martial board where he was stationed.

He trained in various types of aircraft. His aviators flight log book lists the pilot as "self" on numerous occasions, and on Oct. 29, 1944, his mission was to rescue a plane crew off Mexico. He went as a passenger with the Coast Guard. Among the types of aircraft in which he trained were blimps. On May 4, 1945, in the week of Germany's surrender, a blimp in which he was riding exploded. Arnold tried to jump into a tree to break his fall, but failed, and was killed.

His sister has saved a number of memorabilia, and has graciously permitted me to have them copied. There are two photographs, one of Arnold as a medical student at McGill, the other of him with his parents, his sister and her babies on his last home leave. There is the book plate for the University Library in memory of the members of the class of 1937 who were lost in World War II, a program for the donation of an iron lung to Memorial Hospital in memory of Chapel Hill alumni lost during active service, and a memoir written by Eugene Odum for the ornithological journal The Chat. They will be deposited in the medical school archives along with a longer memoir written by Arnold's great friends Edmund Taylor and Ralph Morgan.

An item that I have not copied is a letter to his mother from his training base in California. It shows the lighter side, describing two different dates—one "...horseback riding with a girl who is quite an equestrine (sic)," and the other with "...a wave ensign who is a swell gal."

I close this memoir by saying that in introducing me to the fascination of ornithology, Arnold had a profound influence on my career as an ecologist.

Dr. Nelson G. Hairston is William R. Kenan Jr. professor of biology and ecology at UNC-CH. He presented these remarks at the inaugural Spicer-Breckenridge Memorial Lecture during Medical Alumni Weekend, March 25, 1983.

Jean Breckenridge, sister of the late Dr. Arnold Breckenridge, shares the joy of the occasion with Dr. Jesse Caldwell (C. Med. '39) at a reception following the first Spicer-Breckenridge Lecture. Caldwell was a Distinguished Service Award recipient this year.

The making of a memorial

By Henry T. Clark Jr., M.D.
Class of 1939

You have just heard tributes to two marvelous young men—Emmet Spicer and Arnold Breckenridge—who gave their lives for us and for their country in World War II. I knew Emmet and Arnold very well. Indeed, every member of the medical class of 1939 knew them well because ours was a very small class and we shared an intensive experience during our two years together in Chapel Hill.

During the School of Medicine's Alumni Weekend of 1979, 13 of the 19 living members of the class of 1939 returned for our 40th anniversary class reunion. After the anniversary dinner there was a discussion of actions which our class might take to support the School of Medicine. There was a consensus that the most important single step would be to establish a memorial to our fallen comrades. The implementation of this was delayed because no specific plan of action was adopted.

In April 1982 eight members of the class of 1939 attended a called meeting of the class and decided unanimously to propose an annual visiting lectureship in honor of Spicer and Breckenridge. If that was acceptable to the School of Medicine, the class asked Tom Thurston and me to spearhead a drive to raise at least $20,000 for an endowment. Dean Bondurant enthusiastically endorsed our proposal and fund raising began. In September 1982, 10 members of our class convened to review progress in fund raising and to consider tentative plans for the first Spicer-Breckenridge lecture.

It is my privilege today to report that all 19 living members of the class of 1939 have contributed to the Spicer-Breckenridge Memorial Fund and these plus other university friends of Emmet and Arnold, have now given a total of $22,000. Furthermore, we expect the fund to grow through contributions from other friends and kinsmen of Emmet and Arnold and through future designated gifts to the School of Medicine by members of the class of 1939.

Dr. Christopher C. Fordham III (C. Med. '49), UNC-CH chancellor, presented the inaugural Spicer-Breckenridge Memorial Lecture. He spoke informally about the current challenges facing the University and the medical profession. Some 200 people attended the lecture.

In proposing an annual Spicer-Breckenridge Memorial Lecture and providing an endowment, the class of 1939 looks to the dean of the School of Medicine to plan and stage each lecture in a way that serves the best interests of the School of Medicine. For its part, however, the class of 1939 hopes that future lectures will focus on broad humanitarian rather than narrow scientific aspects of medicine. Furthermore, we hope that the annual lecture will be staged at a time when many faculty members and students will attend. If returning alumni can also attend that will be a bonus. Also, we hope that some appropriate comments will be made about Emmet Spicer and Arnold Breckenridge at the time of each lecture.

The class has speculated too, that future lecturers will be medical statesmen who hold senior positions in universities, national health organizations, foundations and government. We hope that some, perhaps all, of the lectures will merit publication. We are particularly pleased that our own Chancellor Christopher Fordham will launch this lecture series.

One thing more. The class of 1939 likes to think it is very special. It is noteworthy, for example, that though small in numbers, the class of 1939 currently has more members in the School of Medicine's Co-Founders Club than any other class. The class of 1939 hopes many other classes will see our actions as a challenge. Also, that the faculty and administration of the School of Medicine will be encouraged by this evidence that there is a latent potential among alumni for support of the school which may not have been fully recognized. □

Dr. Henry T. "Toolie" Clark, now retired and living in Chapel Hill, is a former vice chancellor for health affairs at UNC-CH. He presented these remarks at the inaugural Spicer-Breckenridge Memorial Lecture during Medical Alumni Weekend, March 25, 1983.

Medical Alumni Weekend 1983

Medical Alumni Association officers, 1983-84

President: Richard A. Boyd, '56, Statesville
President-elect: Daniel L. Crocker, '70, Rocky Mount
Vice president: Margaret C. Swanton, '44, Clinton
Secretary: Gregory Strayhorn, '78, Chapel Hill
Treasurer: Joseph D. Russell, '69, Wilson

District councilors elected this year to three-year terms:

District I:
Henry J. MacDonald, '69, Elizabeth City
W. Landis Voight, '63, Edenton
District II:
Thomas G. Irons, '72, New Bern
District III:
Daniel Gottovi, HS '76, Wilmington
Corbett L. Quinn, '51, Magnolia
District IV:
Jerry C. Woodard, '68, Wilson
District V:
H. Neill Lee, Jr., '56, Fayetteville
District IX:
Alfred W. Hammer, Jr., '58, Morganton
District X:
Robert M. Boerner, '61, Asheville
Nelson B. Watts, '69, Asheville
At Large:
Donald L. Copeland, '63, Huntersville
Walter E. Deyton, '55, Danville, Virginia

Alumni renewed friendships and enjoyed special entertainment at the annual alumni banquet. In the top photo, Dr. David Grimes (M.D. '73) and Kathy Grimes, his wife, talk with classmate Dr. John Long (right). In the lower photo, Harsha Sen, class of 1986, provides classical guitar music.

Dr. George Cooper (C. Med. '43) of Raleigh presides over the reunion of his class, its first meeting as a part of the Manning-Berryhill Club. Three members of the class, Drs. David Citron, George Jordan and Sarah Morrow, presented the weekend's scientific session. Jordan received the Distinguished Service Award (Citron and Morrow are previous recipients.) At the Manning-Berryhill meeting, the class of '43 shared the spotlight with a TV carrying the Tar Heels' final basketball victory of the season.

At left, Dr. Margaret Swanton (C. Med. '44) of Clinton, newly elected Medical Alumni Association vice president, talks with Dr. Bill McLendon (M.D. '56) of Chapel Hill, former association president.

More friendly faces from Medical Alumni Weekend include (clockwise from photo at right): Dr. Will Deal (M.D. '63), dean of the University of Florida College of Medicine; Dr. George Jordan (C. Med. '43), distinguished service professor of surgery, Baylor College of Medicine; Dr. Eszter Kokas, UNC-CH professor emeritus of physiology, and her nephew Balint Kokas; Tom Thurston (C. Med. '39, left) and Dr. Gus Donnelly (C. Med. '30); and Dr. Bill Cromartie (center), recipient of this year's Distinguished Faculty Award, being congratulated by Dr. Carl Gottschalk, Kenan professor of medicine and physiology, and Associate Dean Red Stover. Jordan and Kokas were among those receiving the Distinguished Service Award this year. Other recipients were Dr. Jesse Caldwell (C. Med '39) of Gastonia; John A. Cunningham of Charlotte, a catalytic figure in the establishment of the medical school's flying service; and Dr. Margaret L. Moore, professor of physical therapy emeritus, honored for her contributions to physical therapy at the School of Medicine and throughout the nation.

New president says accentuate the positive

By Richard A. Boyd, M.D. '56
President
Medical Alumni Association

When I was in medical school and at graduation in 1956, the alumni president was a pouchy, balding senior physician. Surely, there must have been some change in the usual turn of events for me to be the new president of the alumni association.

Lots of hard work and many pleasures and a few disappointments have occurred in all our lives since we graduated from medical school. As a result of all this experience in living, we tend to get a little philosophical and sometimes wonder where we fit in. I have personally decided that none of us knows exactly where we fit in but that we have been given the opportunity to live one of the most fruitful lives possible for a human being.

In the last several years with the pressures of legal medicine, government control, rapid advance in technology, streamline communications and generally the fast pace of life, many of us have lost sight of the joy in the practice of medicine. The theme of my year as president of the alumni association will be somehow to help our alumni regain the joy of practicing medicine that might have been lost in the rush to dot all the Is and cross all the Ts.

Recently I read a statement in a journal, the author of which I do not know. It goes like this, and I think it can say something to each of us: "A master in the art of living draws no distinction between his work and his play, his labor and his leisure, his mind and his body, his education and his recreation, his love and his religion. He hardly knows which is which. He simply pursues his vision of excellence through whatever he is doing and leaves others to determine whether he is working or playing. To himself he is always doing both."

I hope that during the next year each of you can look at your profession from a little lighter point of view, to deal with the positive and not let the negative aspects taint the true pleasures and gratification that are available to us more than to those in any other profession known.

I hope that you will honor your fellow physicians and your school by getting involved and helping to pass on the wonderful heritage that each of us received in Chapel Hill. You will find that the school and its faculty and students and administration need you as much as you need them. Everyone will benefit from your involvement. Thank you for your support to the school and to me during this year. □

Extracts

A team of physicians here has performed three different types of operations on fetuses still in their mothers' wombs to correct abnormalities which threatened the babies' lives.

All three operations involved draining off fluid which was collecting in the baby and threatening to cause either premature labor or damage to the baby's vital organs.

The fetal surgery was performed by Dr. John W. Seeds, assistant professor of obstetrics and gynecology and radiology, and other members of the department of obstetrics and gynecology.

Seeds explained that this type of fetal surgery has been a realistic treatment option for only the last year and a half and is only used to correct certain problems under specific conditions.

"This is not cutting and sewing and repairing surgery," he said. "Almost 100 percent of the time it involves drainage of abnormal fluid collecting somewhere in the fetus."

Seeds said in many cases where abnormal fluid collects in the baby, fetal drainage is not necessary and it is possible to begin treatment after the baby is born. Fluid can collect in any one of a number of open spaces in the fetus, he said, including the kidney, bowel, bladder, lung, brain or abdominal cavity.

"Abnormal fluid collection is not in itself an indication for drainage," Seed said. "We consider fetal surgery if the fluid collection is leading to an abnormal increase in uterine size that would bring on premature labor or if the mass of fluid appears to be damaging any organs of the fetus such as the lungs or kidneys."

Operations performed so far at N.C. Memorial have involved draining off fluid from the kidney, brain and abdominal cavity.

Seeds stressed that the decision to offer fetal surgery and the surgery itself involve a team of health professionals including neonatal intensive care specialists, perinatal obstetricians, ultrasonographers, neurosurgeons and urologists.

"This is not a procedure that anyone could guarantee will benefit the fetus, and the parents must be critically aware of the risks and the unproven nature of the procedure before they make a decision to go ahead with the surgery. It is, however, offered as an option in the care of an abnormal child."

Direct fetal damage, premature labor, infection and ruptured membranes are all possible complications of the surgery, Seeds said.

Wayne B. Rackoff, a first-year medical student from Chapel Hill, has received the Michiko Kuno Award for research from the School of Medicine.

Rackoff won out over four runners-up in this year's Student Research Day, which is sponsored by the Whitehead Society (the medical school student government organization) and the school's office of student research and academic enrichment.

The closeness of the competition was shown by the four-way tie for second place. The students who tied for second were William F. Fleet of Brentwood, Tenn., Pamela Golden of New York, N.Y., Gwenn E. McLaughlin of Chapel Hill and Michael Linn Russell of Cary. All are second-year medical students.

Rackoff's research involved the interaction of two growth hormones. He found that one particular hormone found outside the cell interacts with a second hormone inside the cell. His sponsor for the research was Dr. H. Shelton Earp (M.D. '70), associate professor of medicine.

Each student had 15 minutes to present his or her research and answer questions from the audience.

Judges for Student Awards Day were Dr. Kathleen Sulik, Dr. Lloyd Younce, Dr. Joseph D'Ercole and third-year medical student Steve Citron from UNC-CH and guest Dr. A. McGehee Harvey of Johns Hopkins University.

N.C. Memorial Hospital is one of the first large teaching and referral hospitals in the country to offer the option of a truly family-oriented birth experience. The hospital allows children of any age to visit their mother in the labor and delivery suite, and children at least 10 years old may be present for the birth of their new brother or sister.

Children are only allowed in the "homestyle" delivery rooms, not in the obstetrical unit's operating room. All children must be accompanied by an adult other than their parents, and they must have attended an orientation session conducted by nurse Bobbie Frye.

Dr. Linn Hatley (M.D. '76), an assistant professor of obstetrics and gynecology, said that from a medical standpoint there is no reason why children should not be with their mothers during childbirth, if that is what the family wants.

"Obviously, this isn't for everyone, and we're not trying to force it on anyone," Hatley said. "But we feel good about offering it to people who feel this is an important part of bringing their family closer together."

"The kids I've worked with so far have been very well prepared by their parents," Frye said. "They already know where babies come from and have a pretty good idea of what to expect."

Frye's role is to familiarize children with the facilities and equipment they will see and to make sure they understand what is going to happen. She also takes her young charges to the hospital's nursery to see newborns and she talks with them about what new babies are like.

"Sometimes I show them slides of babies being delivered, so they won't be surprised or upset by anything they see," she added.

We want to know what you think of your publications.

The Medical Alumni Association will conduct a survey of readers of the Medical Alumni Bulletin and Alumni Times. The survey will be sent to a scientifically selected group of certificate of medicine recipients, medical and basic science graduates and former house officers.

If you receive the survey, you will be one of a small number of alumni chosen to represent the 6,000-plus readers of the Bulletin and Times. Your response, therefore, will be vital in achieving a valid evaluation of these publications.

Extracts

The first pregnancy as a result of in vitro fertilization in the state of North Carolina has been achieved at North Carolina Memorial Hospital.

A 24-year-old woman from Virginia who was the second patient to go through the hospital's "test tube baby" clinic has had two positive pregnancy tests and confirmation of pregnancy tests using ultrasound.

Dr. Luther Talbert, professor of obstetrics and gynecology and director of the division of reproductive endocrinology and fertility, said therapy using Pergonal was started on the patient in early February. One egg was fertilized and re-implanted in the middle of February. If all goes well, Talbert said, the woman should deliver around the middle of November.

N.C. Memorial began its *in vitro* fertilization program in January.

Drs. J. Stephen Haskill and John C. Merritt have been promoted to full professors in the School of Medicine.

Haskill holds appointments in obstetrics and gynecology and microbiology and immunology. Merritt is a member of the department of ophthalmology.

A native of Toronto and a Canadian citizen, Haskill earned his B.S., M.A. and Ph.D. degrees from the University of Toronto. He joined the UNC-CH faculty in 1978.

Merritt is a Clinton native who received his B.A. degree from Hampton Institute and his M.D. from Howard University. He was acting chairman of Howard University Hospital before coming to UNC-CH in 1978.

Recent appointments to the faculty include: Dr. Michael J. Rosner, associate professor of surgery; Dr. Alan R. Light, assistant professor of physiology; Dr. Gregory Strayhorn (M.D. '78), assistant professor of family medicine; and Dr. Frank Howard Christensen, clinical assistant professor of ophthalmology.

Dr. Michael G. O'Rand, associate professor of anatomy and obstetrics and gynecology, is a key member of the in vitro fertilization team at N.C. Memorial. O'Rand unites sperm and egg in a small plastic Petri dish and carefully monitors their progress to determine when re-implantation is appropriate. A special egg laboratory was constructed adjacent to the day op surgery suite for use by the in vitro fertilization team.

Extracts

Dr. Russell Lee Norburn of Asheville celebrated his 90th birthday recently by giving gifts to the Health Sciences Library at the University of North Carolina at Chapel Hill. Norburn, who attended UNC-CH as an undergraduate, presented the library with a historical collection of medical textbooks and instruments. Much of the collection had belonged to Norburn's uncle, the late Dr. Edward Strickland, who received a certificate of medicine from UNC-CH in 1885. Accepting the collection from Norburn is Nancy G. Bruce, information services librarian. Visible in the background is White's Physiological Manikin, copyright 1886, a part of the donated collection.

Dr. Frank C. Wilson, professor and chief of the division of orthopaedics, has been named chairman of the Council of Academic Societies.

The Council of Academic Societies, one of the three councils of the Association of American Medical Colleges, is composed of members from 75 academic medical societies representing more than 100,000 faculty members in the United States. The council serves to advance all facets of medical education and research across the country.

The other two councils of the 118-member association are the council of Deans and the Council of Teaching Hospitals.

Wilson was named chairman of the council at the annual association meeting Nov. 6-11, 1982, in Washington, D.C. He has been a member of the council and its administrative board since 1973.

"The major issues confronting the society and medical schools next year are the organization and governance of academic health centers, price competition in the health care marketplace, undergraduate and graduate medical education, support for biomedical research and manpower projections," Wilson said.

Wilson, who was also named to the executive council of the association, has been a member of the UNC-CH faculty since 1964.

A former resident of Rome, Ga., he graduated from the Darlington School and earned a B.A. from Vanderbilt University and an M.D. from the Medical College of Georgia. □

Anderson remembered as excellent teacher, valued friend

Dr. Carl E. Anderson, an alumnus, long-time faculty member and former associate dean of the School of Medicine, died March 26 at N.C. Memorial Hospital following a brief illness.

He received his Ph.D. in biochemistry and nutrition from the School of Medicine in 1943 and served on faculty here from 1950-77. He had remained active in his department as professor emeritus until February.

Dr. Anderson was a specialist in lipids and lipid metabolism, and he published numerous research papers on his work.

Recently, he participated, with Dr. Morris Shiffman of the UNC-CH School of Public Health, in a nutrition survey project in Guatemala, and he was a consultant to the U.S. Agency for International Development.

He was a co-author, with Howard A. Schneider and David B. Coursin, of "Nutritional Support of Medical Practice," a widely used medical textbook. The second edition of the book is now in press.

Dr. Anderson served as associate dean for student affairs from 1958-62. In 1978, the School of Medicine presented him with its highest honor, the Distinguished Service Award.

Born in Connecticut, Dr. Anderson earned his undergraduate degree from the University of Connecticut. He served in the Army during World War II and later was a colonel in the Army Medical Field Service. He was decorated with a commendation ribbon with three oak leaf clusters.

"Professor Anderson was a leader in his field, a pioneer in the University and a much-loved teacher and colleague," said Chancellor Christopher C. Fordham III (C. Med. '49).

Dr. J. Logan Irvin, Kenan professor and former chairman of the biochemistry and nutrition department, remembered Dr. Anderson as a very popular and effective teacher who was highly regarded by medical, dental and graduate students.

Dr. Mary Ellen Jones, Kenan professor and current chair of the department, cited additional assets.

"Not only Dr. Anderson's excellent teaching but his vivacious personality, his constant curiosity and his continual contribution to the field of nutrition made it a pleasure to have him remain an active member of the department of biochemistry," she said.

Dr. William Easterling (M.D. '56), associate dean for clinical affairs in the School of Medicine, remembered Anderson's lectures as the most definitive of those given to medical students in the early years of the four-year medical school program at UNC-CH.

Dr. Anderson was a member of the American Society of Biological Chemists, the American Institute of Nutrition, the scientific honorary society Sigma XI, the Society of American Oil and Fat Chemists and the Society for Experimental Biology and Medicine.

In Chapel Hill, he served on the board of the N.C. Symphony and was a member of the Explorers Club and the Torch Club.

Dr. Anderson is survived by his wife, Mrs. LaVerne Anderson of Chapel Hill; and three children: Dr. Carl W. Anderson of New York, Douglas E. Anderson of Rocky Mount and Lois Anderson of Raleigh.

The family suggests that memorial contributions be made to the Dr. Carl E. Anderson memorial fund in the department of biochemistry of the UNC-CH School of Medicine.

Dr. Anderson

Class notes

Manning-Berryhill Club

Albert J. Josselson, C. Med. '41, sends best wishes for the year 1983 to any of his old friends who read this. Josselson now lives in Pasadena. His wife and sons are well; one son is an attorney and the other one is in advertising.

Frederick L. Tunick, C. Med. '41, has been associate dean and chairman of admissions at the Downstate Medical School of the State University of New York for three years and is still enjoying his rewarding work.

Leon Robertson, C. Med. '43, announces that **John J. Brantley II, M.D. '76,** has joined Robertson and Dr. Paterno Marquez as their new family practice associate at Memorial Clinic in Rocky Mount.

40s

Junius W. Davis Jr., C. Med. '44, has been appointed Health Director of the Craven County Department of Health in New Bern.

Paul V. Nolan, C. Med. '46, enjoyed the reunion of the class in 1981 and is looking forward to the next one (40th in 1986). He saw **Julius Amer, C. Med. '46,** in Denver last summer.

The Nolan family had an eventful 1982. A granddaughter (second grandchild) was added to the family via son, John and wife Kathie, in Brevard. Paul was elected Hamilton County (Chattanooga) Commissioner in August and retired from Dupont on Dec. 31. Paul's wife, Anne is also a commissioner in Signal Mountain, Tenn.

50s

H.S. Kendall Willis, C. Med. '50, who retired in 1973 from the U.S. Air Force Medical Corps with the rank of colonel, is practicing family medicine in Mount Holly. He has been elected chairman of the department of medicine and family practice at Gaston Memorial Hospital in Gastonia.

Hadley M. Wilson, C. Med. '50, is the mayor of Boone.

R. S. Cline, M.D. '57, reports that while attending a meeting in Phoenix he and Dr. John Sessions spent an evening with **Irl Sell, M.D. '57,** who is now administrator of outpatient surgical facility at St. Mary's Hospital in Phoenix.

60s

Robert B. Payne, M.D. '60, has a 2-year-old son and is president-elect of the Mecklenburg Co. Medical Society.

G. Thomas Strickland, M.D. '60, retired this fall as a captain in the U.S. Navy and professor of medicine at the Uniformed Services University of the Health Sciences. He has joined the faculty of the University of Maryland School of Medicine as professor of microbiology and director of International Health Program but will possibly move from Bethesda to Lahore, Pakistan to be director of the International Center for Medical Research and training this summer.

James L. Parker, M.D. '63, will serve as chief of the medical staff for 1983 at Glenn R. Frye Memorial Hospital, a 200-bed acute care facility. An expansion project is in progress along with new specialists joining the staff. The smooth integration of all this will be a challenge, he writes. **P.E. Brown, M.D. '69,** an orthopaedic surgeon, was elected secretary of the Frye Memorial medical staff.

Terry D. Golden, M.D. '64, of Atlanta is currently chairman of the diabetes advisory committee for the state of Georgia. He is president-elect of the Georgia Affiliate, American Diabetes Association.

James O. Burke, M.D. '65, of Lexington was a guest speaker for the Series On Child Rearing held in his community in February. "How to Discipline In a Positive Manner" was his topic for discussion. Burke spent two years in Fort Benning, Ga., and has been a pediatrician in Lexington for the last 12 years.

John L. Powell, M.D. '68, passed the subspecialty certification exam in gynecologic oncology in November 1982.

John L. Davis III, M.D. '69, was elected chairman of the department of surgery at the West Paces Ferry Hospital in Atlanta.

Franklin T. Tew, M.D. '69, and **Walter R. Gammon, M.D. '71,** have been elected to fellowship in the American College of Physicians. Tew is a cardiologist and Gammon is a dermatologist. They are two of 718 elected to fellowship in the college this year, joining some 16,000 others who have been similarly honored.

70s

H. Grey Winfield II, M.D. '70, an orthopaedic surgeon was chosen vice chief of staff at the Catawba Memorial Hospital in Hickory.

Thomas W. Nicholson, M.D. '70, attended a medical tour of hosptials, clinics and communes in the Peoples Republic of China. He specifically attended cardiology rounds in Nanjing, China. Emphasis was on rheumatic fever.

Peter Chikes, M.D. '72, has been inducted into the American College of Surgeons. Chikes has been a resident of Concord for about four years and recently opened his own offices.

Tim Poirier, HS '72, has announced that his group is expanding. Melbourne Internal Medicine Associates in Melbourne, Fla., has added **L. Pat Warren, M.D. '76,** and **Brent Gooch, HS '80.**

John C. Herion, HS '56, professor of medicine at UNC-CH was among the invited speakers at an international symposium in Belgium this fall.

Herion spoke at the first international symposium on the pathogenic role of cationic proteins interactions with biological membranes, sponsored by The Queen Elisabeth Medical Foundation. The meeting took place in Brussels, Oct. 14-16. Sixteen of the 31 speakers were from the United States.

Special events for symposium participants included a reception by Queen Fabiola at the Brussels Royal Palace and a reception in the Brussels City Hall (Grand Place) by the mayor of the city.

Herion's symposium topic was "Biological Activities of Granulocyte Lysosomal Cationic Proteins." After the meetings, Herion spent three days at the University of Leiden, The Netherlands. He visited the department of hematology and discussed analysis of recent treatment results of acute leukemia.

The Queen Elisabeth Medical Foundation, established in 1926 by Queen Elisabeth of Belgium, was one of the first research institutes attached to and working in close cooperation with a modern hospital.

It represents the fulfillment of a project the queen conceived during World War I. While visiting military hospitals near the Belgian front, Queen Elisabeth realized the importance of and new possibilities offered by clinical tests based on scientific research methods. Thus the idea for the foundation was born.

Class notes

G. Ruffin Benton III, M.D. '73, was named to the local board of directors of the First Citizens Bank in Brevard. With this appointment he will assist bank management in business development and policy matters and will serve as liaisons between the bank and the community. Benton is a member of the American Board of Family Practice.

William M. Butler, M.D. '73, is currently in general preventive medicine residency in the U.S. Navy and obtaining an M.P.H. degree in International Health at Tulane University in New Orleans. He just completed three years in hyperbaric and diving medicine at Pearl Harbor, Hawaii.

Edwin M. Fulghum Jr., M.D. '74, was elected a fellow in the American College of Obstetrics and Gynecology. Fulghum is a member of the Statesville Medical Group.

M. Catherine Dobbins, M.D. '74, and husband Chang, are proud parents of Christian who will be a year old in July. Catherine is busy combining motherhood and a full-time internal medicine practice. She is looking forward to getting back to Chapel Hill for the 10th reunion next year.

Walter R. Tucker, M.D. '74, joined the Shelby Family Practice, PA., making it a four-man group.

Linda M. Robinson, M.D. '76, is still in family practice full-time with her father at the Coats Medical Clinic. She has a 3-year-old daughter and twin sons born August 10, 1982.

Billy Hunter, M.D. '76, was quoted at length in a recent edition of the Chicago Daily Defender. The clinical director at Dorothea Dix Hospital, Hunter said, "My main concern in the field of psychiatry is that the overall attitude people have about psychiatry needs to change in order that we may have a healthier society." People need to be "better educated about mental illness," the psychiatrist said. Hunter also noted there is "a dire need for black psychiatrists across the country." Less than five percent of all psychiatrists in the United States are black.

Hunter heads a 20-person staff at Dix. He is married and the father of three sons.

Steven R. Nesheim, M.D. '77, is a fellow in pediatric infectious disease at Emory University in Atlanta.

Steven Cohen-Cole, HS '77, has moved from associate professor of psychiatry at the University of Alabama in Birmingham to director of adult services at Georgia Mental Health Institute and associate professor at Emory University School of Medicine.

James J. Bedrick, M.D. '77, has joined the Charlotte Eye, Ear, Nose and Throat Associates following the completion of his fellowship at Emory in diseases and surgery of the retina and vitreous. He and Adele have a daughter Emily, 3½, and a son Jonathan, born Nov. 6, 1982. Bedrick says it's great to be back in North Carolina.

Jeffrey Margolis, M.D. '78, of Goshen Medical Center in Faison has received the American Medical Association's "Physician Recognition Award."

Patrick B. Mullen, M.D. '74, and wife Cathy are expecting a baby in June 1983. His private practice is booming and he's getting interested in computers. He says in South Carolina you have to educate the population as to what "CAROLINA" really means.

George DiFerdinando Jr., M.D. '78, is finishing a two-year stint with the Center for Disease Control as an E.I.S. officer assigned to the state of New Jersey. DiFerdinando is planning to go back to school for an M.P.H. degree in epidemology.

David C. Powell, M.D. '78, is serving as chief resident in general surgery at the University of Kentucky. He will be returning to Raleigh to join the Wake Surgical Center, Inc., this June. His daughter Rebecca is 3 and David Jr., is a year old.

Jane C. Burns, M.D. '78, and **John B. Gordon, M.D. '78,** have a daughter, Elizabeth Curtis born July 18, 1982. They will be moving to Boston this June. John will start a cardiology fellowship at the Peter Bent Brigham Hospital and Jane will continue pediatric infectious disease at Boston Children's Hospital.

Susan Snider, M.D. '78, is happily settled in the mountains, beginning a new practice in Spruce Pine. Lyle, her husband, is working as a family nurse practitioner in Yancey County Health Dept.

Gregory Strayhorn, M.D. '78, has been appointed assistant professor of family medicine in the School of Medicine, effective July 1. He has been a clinical instructor here since 1981. A Robert Wood Johnson Clinical Scholar, he is completing a Ph.D. in epidemiology.

Dorothy Linster, M.D. '78, and her husband, Dr. Gerald Mulvaney, are living in Goldsboro. Linster is a National Health Corps physician at Plain View Health Center in Duplin County, and next year will join her husband in obstetrics and gynecology practice in Goldsboro.

Larry Hooper, M.D. '79, completed his residency in pediatrics in Salt Lake City. He has recently been in the deserts of west Texas establishing two remote NHSC clinics over the last year. He obtained his pilot's license and bought a plane, an old Mooney.

Robert W. Patterson, M.D. '78, is pleased to announce the opening of his own Family Medical Center in Sanford after practicing for two years with the Sanford Medical Group.

Byron Walthall, M.D. '78 and wife **Nancy Teaff, M.D. '78,** have their first child Julia Caroline born September 11, 1982 in Detroit.

Nancy is with the Monroe Women's Clinic, a group of four ob gyns. She will finish her ob gyn residency in September.

Byron is still with the Emergency Medical Associates, covering the Union Memorial Hospital ER and the UNCC Student Health Service.

They want to plan a five-year reunion for this fall, and encourage interested classmates to write: 516 Wood Duke Pt. Rd., Monroe, N.C. 28110.

As boxing continues to be debated both in the sports world and the medical profession, UNC-CH medical alumni play prominent roles in the discussion. **Ira Friedlander, M.D. '79,** and **Max Novich, C. Med. '39,** have served for the past year on the American Medical Association Advisory Panel on Brain Injury in Boxing. Another member of the committee is Jack Bell, secretary of the AMA Council on Scientific Affairs, who earned an M.P.H. degree at UNC-CH. Friedlander and Novich were featured speakers at an AMA Conference on Medical Aspects of Boxing, held in Las Vegas in February. Friedlander is a fellow in cardiology at the University of Chicago Hospital. Novich is clinical professor of surgery, New Jersey Medical School.

80s

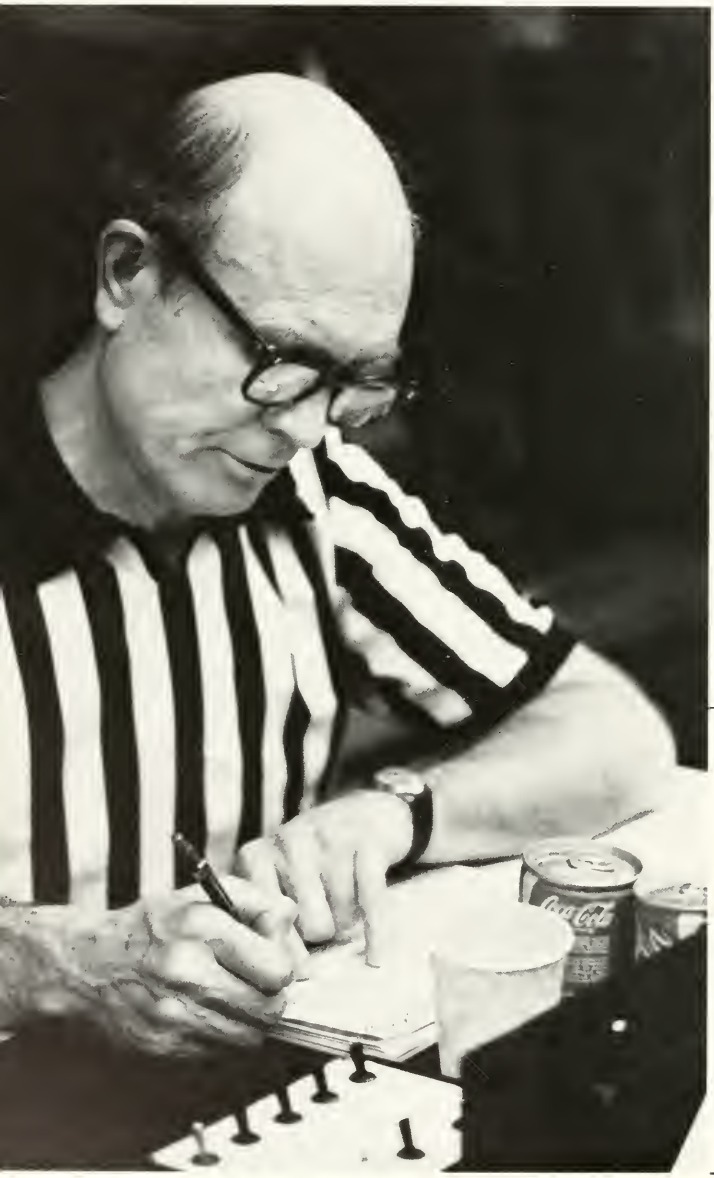
Marcus E. Carr Jr., Ph.D. '75, M.D. '80, and **Linda Hawes, M.D. '80,** will serve as chief residents in medicine at North Carolina Memorial Hospital for 1983-84.

Dianne Lynn Eklund, M.D. '80, of Chapel Hill and Kevin Peter Roddy of Charlottesville, Va., were married Feb. 12, 1983.

John Bowen, M.D. '80, of Chapel Hill and **Nancy Morgan, HS '82,** of Lenoir were married Feb. 12, 1983.

James Van Taylor III, M.D. '80, completed his residency in family practice at Pitt County Memorial Hospital (ECU School of Medicine) in July 1983 and will join the Wilson Clinic in Wilson. He and wife Pat have one son, Van IV, 2½ years old.

Class notes



David F. Colvard, HS '80, completed psychiatry residency training at Duke Medical Center and has entered private practice. He and wife, Lynn have one son Daniel David, born in June 1982.

Peter T. Remec, M.D. '80, says he's been enjoying following the Tar Heel basketball team while in his first year of orthopaedic residency in snowy Rochester, N.Y.

Kenneth E. Hollingsworth, M.D. '80, completed his internship in medicine at the National Naval Medical Center in Bethesda, Md. He attended a six-month course to become a U.S. Navy Flight Surgeon. In 1982 he married Elizabeth Zinn from the D.C. area. he is now completing a one-year tour as a flight surgeon with the U.S. Marines. He's served with F-4 squadrons in Japan, Korea, Okinawa and Phillipines.

Richard Allen Reavis, M.D. '81, has set up a general practice in the Northern Wake community of Rolesville. The 521 residents have their own doctor after 13 years of driving to other towns for medical care.

William Winkenwerder Jr., M.D. '81, tells us he heard from **Weldon Jordan, M.D. '81,** who is doing pediatrics at Stanford and will be getting married soon.

Thomas M. Dreyer, HS '81, was appointed assistant professor in the UNC-CH School of Medicine department of surgery, effective Jan. 1. After completing his residency in plastic surgery he became a visiting assistant professor and a clinical assistant professor here.

William D. Huffines, M.D. '55, professor of pathology and associate dean for basic sciences at UNC-CH, was the subject of a feature story in the Jan. 24, 1983, issue of Medical World News. The three-page article included several photos and described Huffines' work as the official scorekeeper for Carolina's home basketball games. The MWN article was based on a somewhat more detailed (and accurate) feature which appeared in the Medical Alumni Bulletin, Fall 1980.

Calendar

Medical alumni activities

September		
10	Medical Parents Day	Berryhill Hall
16	Visiting Committee	Chapel Hill
17	Medical Alumni Fall Meeting	Chapel Hill
24	Co-Founders	Chapel Hill
April 1984		
6-7	Medical Alumni Weekend	Chapel Hill

Continuing education

June		
9-11	Exercise: Science and Practice	UNC-CH
10-12	Practical Dermatology for the Non-dermatologist	Williamsburg, Va.
24	Prematurity: A Challenge for the '80s	Sheraton, Durham
July		
2-3	Medicolegal Seminar	Blockade Runner, Wrightsville Beach
September		
30-Oct. 1	Topics in Infertility	Hotel Europa, Chapel Hill
October		
7-9	Second UNC Symposium on Sarcoidosis	Grove Park Inn, Asheville

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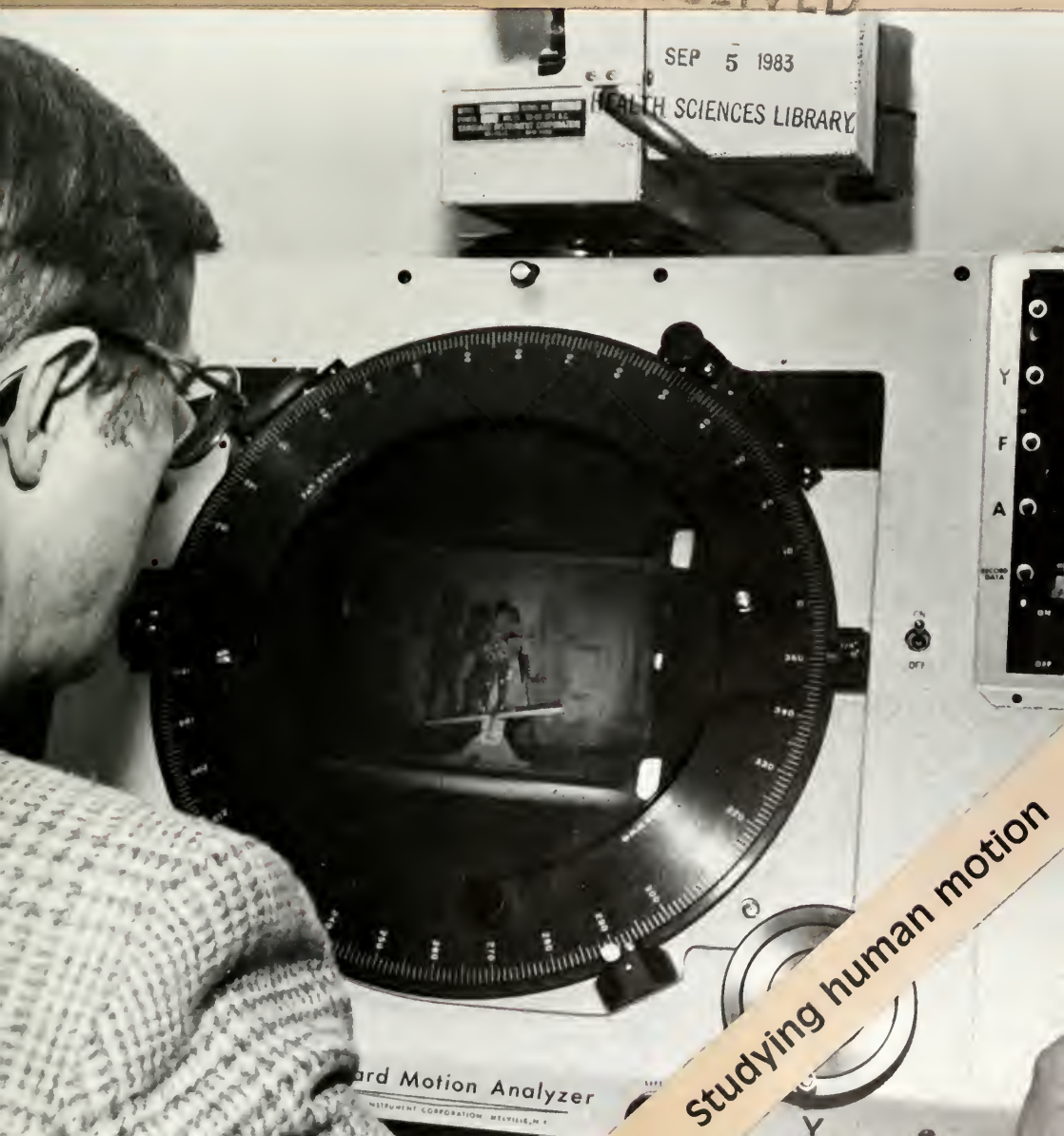

Studying human motion

On the cover

Dr. Barney Leveau computes the changing angles of the arms and legs of a child filmed on a tilt table. Such a study was done to test normal nervous reactions to tilting. "We found four different normal reactions," Leveau said. The test is an example of the studies done in the medical school's Laboratory for the Analysis of Human Motion. For the story, see page 5.

Medical Alumni Bulletin

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Football and more 11

Behind the lines

The three-year review of the School of Medicine's curriculum has reached fruition. The faculty has approved the recommendations of the curriculum review task force. Substantial changes are to be in effect by the fall of 1984.

Dr. William Mattern, professor of medicine, has been named associate dean for academic affairs. The new post was created to fulfill the task force recommendation that one person manage the curriculum.

Under the modified curriculum, first- and second-year students will spend less time in lectures and more in small group learning situations. And there will be more independent study time, while the school year will be several days longer.

Basic science course content will be altered to include more emphasis on cell biology and genetics. There will be a renewed emphasis throughout the four years on cost containment, information management, learning strategies and the humanistic side of medicine.

Mattern and Dr. Romulo E. Colindres were co-chairmen of the task force, which consisted of several committees. More than 200 faculty members, students, administrators and alumni were involved.

We will expand on this sketchy summary in a future issue of the Bulletin, when we're further into the implementation phase of curriculum revision.

She might have finished in the top five in the national bowling tournament, but Benita Turner suddenly had something much more important to do. She had to save a life.

Turner, who graduated from UNC-CH this spring, had just been recertified in CPR when she participated in the Young America Bowling Alliance tourney in St. Louis. When a 57-year-old woman in the crowd suffered a heart attack, Turner immediately left the competition to help perform CPR. The top bowler on the UNC-CH team this past year, Turner missed a game after the incident and wound up placing 18th in the country. She also gave up a chance to qualify for the American women's bowling team tryouts.

Chancellor Chris Fordham ('49) received a call from the director of the bowling alliance's college division, Randy Kilgore. "There is no question," Kilgore told Fordham, "that if Benita is indicative of the kind of student the University of North Carolina turns out, the University can be quite proud of its efforts."

The final results of our Medical Alumni Bulletin Alumni Times readership survey were not available at press time, but early tabulations show that just about all of you read at least some of the class notes. That section begins on page 15 in this issue, and extends through the list of residency placements for the class of 1983. No doubt some of the new alumni are now in your area.

There's also a high readership of the Dean's page. On page 4 of this Bulletin, Dean Bondurant shares some reflections about students, alumni and springtime in Chapel Hill.

Two alumni, Drs. Dave Citron and Sarah Morrow, both members of the class of '43, have contributed articles. The first of those begins on the next page.

—JWB

Tracking medical graduates

By David S. Citron, M.D.
Class of 1943

We members of the class of March 1943 began our studies during a turbulent time in the nation's history. We did not realize—in September 1941—that we would be the last class to enroll in the School of Medicine before Pearl Harbor. That unearned distinction paralleled another of a least equal importance: we were to be the first class to complete the two preclinical years of study under the aegis of the new Dean, Dr. Walter Reece Berryhill.

How lucky we were in the 40s that Dr. Berryhill was so stubbornly paternal toward us that even after we were no longer his students he still cared enough to be critical of our decisions.

Dr. Berryhill was zealous in keeping up with his former students over the years—to see whether he had chosen them wisely and trained them well, and to guide them skillfully as they made critical career decisions. I doubt that he kept any written records of these constant dialogues with former students. But his memory was prodigious and his response time when he met and recognized an old student was shorter than that of today's most sophisticated computers. And it is about this behaviour of Dr. Berryhill in its broadest sense, namely the tracking of "his" graduates over time, that I shall speak during the remainder of my allotted time.

And curiously, my interest in this subject would not have developed had it not been for another activity of Dr. Berryhill. It was he who, in 1945, established the Division of Education and Research in Community Medical Care, the forerunner of our present AHEC. And it was the opportunity of joining the AHEC faculty in Charlotte that lured me from private practice and enabled me to broaden my professional interests. One new adventure for me after leaving practice was a six-year appointment to the North Carolina Board of Medical Examiners. It was during this experience that I developed a new perspective of the variability of competence among physicians in North Carolina. I found that the board spent far more time dealing with problems of incompetent and marginally competent physicians in practice than they did in evaluating candidates for initial licensure.

Although the physicians who appeared before the board ranged widely in age, came from all parts of the state, and were identified with almost all medical and surgical subspecialties, many of them fit into a profile with which I soon became familiar. The typical physician was in solo general practice in a small community somewhat remote from a medical center. He rarely if ever signed out to other physicians. To have a rest from his practice he would occasionally leave town for a short vacation. After graduation from medical school he had only a year of graduate training. He confined himself to ambulatory practice and was not a member of a hospital staff, the local or state medical society or the AMA. He subscribed to no medical journals, and an inventory of his library would enable one easily to deduce the date of his graduation from medical school. Every two or three years he would attend a medical meeting, but when questioned he could not recall the content of a single lecture to which he had been exposed. He admitted that much of his medical knowledge came from drug representatives.

His medical records were not kept in folders, but rather on small cards on which entries of one or two lines were made for each encounter. Laboratory and ancillary data were kept in letter files separate from the medical records cards. Curiously, the appearance of this individual before the board would have been precipitated not by an act of medical incompetence but rather by some illegal behavior such as prescribing amphetamines to truck drivers to keep them awake.

As members of the board questioned him about his practice they soon concluded that his medical knowledge was medieval. He might, for instance, treat the common cold with daily injections of penicillin or the youngster with streptoccal pharyngitis with tetracycline, which he would dispense from his small pharmacy.

Nevertheless, his patients consi-

Dr. David S. Citron is director of the family practice training program, Charlotte Memorial Hospital and Medical Center. This article is excerpted from an address he gave during Medical Alumni Weekend, March 26, 1983 in Chapel Hill.

'It seems clear that a physician does not suddenly develop signs and symptoms of professional deterioration. This must be a chronic illness, and today there must be physicians in our state who are headed in this direction but are still retrievable.'

dered him to be highly competent, attentive to their needs, reasonable in his charges, and in general an outstanding community asset.

I have no idea what percentage of physicians in North Carolina fall into this category. We have no dependable guidelines. Dr. John Henry, dean of the School of Medicine of Georgetown University, in his welcoming address to the class of 1986, predicted that 10 percent of that class would eventually become "impaired" because of stress or chemical dependency.* It seems clear that a physician does not suddenly develop signs and symptoms of professional deterioration. This must be a chronic illness, and today there must be physicians in our state who are headed in this direction but are still retrievable.

And what, you may ask, is the relevance of this problem to medical education and to Dr. Berryhill's keen interest in the professional fate of his educational "charges"? It is simply this: all the individuals of whom I spoke were once screened by medical school admissions committees, who thought well enough of them to advise their admission. After that, the faculties of those schools considered each to be worthy of graduation, and the director of a residency program was willing to grant to each a certificate attesting to successful completion of that year of service. And then things went awry.

Admittedly the organization and standardization of undergraduate and graduate medical education today is so far superior to that of generations past that the percentage of current and future graduates who will eventually undergo professional deterioration may be minuscule. Almost all medical graduates today have three or more years of graduate medical education, and this was certainly not the case in our time.

But in my opinion, schools of medicine need to know the professional life histories of their graduates in detail, for medical education is a future-oriented enterprise. Dr. Berryhill certainly realized that. Students are taught, nurtured, evaluated and counselled during the seven or more years of undergraduate and graduate medical education. Then, when they become independent practitioners, the worth of the school from which they graduated can be determined. For it is the contribution of these graduates to the public welfare that is the ultimate measure of the worth of a medical school. These contributions include not only the care of patients, but also the advancement of understanding of health and illness, teaching, and the exemplification of those qualities which have over the years ennobled our profession.

Dr. David E. Rogers, president of the Robert Wood Johnson Foundation, had this to say in a recent article in the Pharos:**

> What then is the four years of medical school all about? I find little disagreement among medical educators. It is variously stated, but in general it would seem that one major objective is to allow young people aspiring to be doctors to learn the language of the biomedical sciences, to lay down an appropriate scientific base, to understand facts, think deductively and gain experience in logical decision making. Others will use different words. But the other major objective is universally accepted in fairly standard form. It is to inculcate personal habits of learning —an internal set of standards, curiosity and feelings of almost sacred obligation to keep up, that will make the physician a *continuing learner through his or her lifetime*. We have to believe that this whole intense, expensive, time-consuming process called medical education means that the doctor who is graduated *today* will be just as skilled, just as knowledgeable, just as current 10 to 20 years from now as he or she is today. It is that, and only that, that can permit us to give him or her responsibilities for other humans that we give to no other health professional.

Medical schools grant individuals the opportunity to become physicians. We were grateful recipients of that opportunity. An incredible amount of time and effort was expended by faculty on our behalf. Society invested an enormous sum in our training. And therefore I believe that each of us has an obligation to communicate with the institutions through which we received our education to enable them to determine how well their long-term objectives have been attained—objectives relating to continuing professional growth, contributions to society, peer respect and the ethical dimensions of professional behaviour. We don't do it.

Yet this kind of tracking, which Dr. Berryhill was able to conduct so informally but so well, can have favorable outcomes: (1) It can establish and maintain a more permanent bond between a school and its graduates; (2) It can serve as a validation for decisions of admission and promotion committees; and (3) It can encourage each graduate periodically to assess the quality of his services and accomplishments in relation to the standards of excellence which prevailed during his educational years.

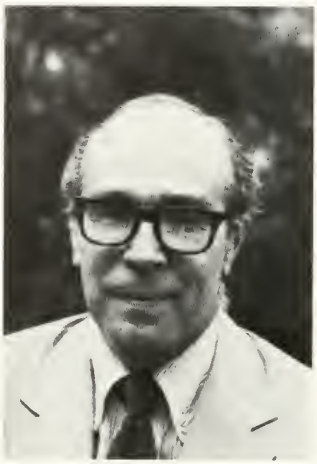
But it is unrealistic to expect that it would facilitate identification of the physician whose standards of practice are deteriorating. Such a physician is not likely to volunteer information about his shortcomings. Identification of "problem physicians" is fraught with legal and psychosocial barriers, and I have no facile suggestion for overcoming them. But the problem is worthy of study, and I would like to see some of the incomparable resources of this medical center brought to bear on the problem which I have briefly presented. Morbidity and mortality conferences are an important component of quality assurance in the modern hospital. Through them we physicians dare to examine our limitations, our shortcomings and, at times, our mistakes. We confront our imperfections to deter-

(Continued on page 12)

* Henry, JB. "Dean's Welcome Remarks To The Class of 1986." JAMA, Volume 249 12, March 25, 1983, pp. 1589-90

** Rogers, DE. "Some Musings on Medical Education." Pharos, Volume 42,2, p. 13, 1982

Dean's page



Springtime in Chapel Hill is, of course, one of the great wonders of nature, described so well by James Reston as "this unbelievable gentle land." Its marvelous amiable drift from March to June is marked from time to time by great waves of beauty as each species of flowering plant makes its display. The social phenomena of springtime in Chapel Hill are also notable as Franklin Street resumes its role as a commons, the dogs of Chapel Hill sprout helium-filled balloons on their collars, and the springtime antics of the undergraduates continue in the great tradition of a thousand years of student life honed and polished to perfection for 200 years by students in Chapel Hill. Springtime in Chapel Hill is fun.

But springtime in Chapel Hill is also a time of recognition of academic and professional achievement, of serious review of the work of the University and of the School of Medicine. This adds a dimension to springtime in Chapel Hill which is different and also attractive.

On May 15, the class of 1983 joined its predecessors as alumni of the School of Medicine. As in years past, the members of the class came to us from every corner of the state and a few came from various corners of the nation. They came from many undergraduate schools and from a variety of social and cultural backgrounds. They now have in common an academic and clinical experience which is the base upon which they will build their professional careers. They will do well and they will be worthy colleagues.

Dr. James Leutze delivered the main commencement address this year and he picked an important point as his theme. He assured all the University's graduates that, contrary to the stereotypes of the media, they as a group have no more selfishness or greed and just as much commitment to personal and social purpose as did the graduates of 10 or 20 years ago. I was pleased that Dr. Leutze said this, for I know that these judgements apply to our medical graduates.

Earlier in the spring a perfectly delightful Medical Alumni Weekend gave perspective of another kind by exhibiting some of the accomplishments of those who graduated in years past.

The weekend began with the first Spicer-Breckenridge Lecture given by Chancellor Christopher Fordham. This endowed lectureship, a gift of the class of 1939 in memory of Emmet Spicer and Arnold Breckenridge—two alumni, promising physicians, and fine young men who gave their lives in WWII—served just as intended by its donors to remind us all of Emmet Spicer and Arnold Breckenridge and especially of their principles and standards. Chancellor Fordham's lecture, along with the dedicatory remarks by Henry Clark, John Graham and Nelson Hairston, caused all present to feel a sense of kinship and rededication to those principles and standards. I was impressed that the receptors of 1983 are still appropriate for the messages of 1939.

It was, of course, a great pleasure for me to present to each member of the distinguished class of 1943 a certificate of membership in the Manning-Berryhill Club and to express to the class the respect and appreciation of the School of Medicine for the accomplishments which they have made. Three members of the class presented papers at a symposium and two of those papers are published in this issue of the Bulletin. Dr. Sarah Morrow and Dr. David Citron, who in different ways have made such important contributions, offer perspectives and experiences which deserve serious reflection.

Also at the meeting, Dr. George Jordan, a senior and distinguished person in American Surgery and a longstanding pillar of the faculty of the Baylor College of Medicine, presented an extraordinary intimate and informative view of the history of that great medical school. Dr. William Hubbard, former dean of the University of Michigan School of Medicine and now president of the Upjohn Company, was also going to present to his classmates a summary of some of his unusual perspectives. But Bill was unable to attend because of an acute illness from which he has now fully recovered.

I know that all the members of the class enjoyed immensely the opportunity to share experiences. It was especially gratifying to see the interest of our faculty and students in learning of the experiences and perspectives of alumni. I write at some length in the hopes of stimulating those in subsequent classes to continue the tradition of the kind of sharing of experiences represented so well by the papers in this issue of the Bulletin.

As I handed the diplomas to each member of the class of 1983, I could not help but reflect how far medicine has come since 1943 and how great the contributions of that class and its generation have been. I was startled by the simple arithmetic which caused me to realize that it will be 2023 before the class of 1983 has the same 40-year perspective that the class of '43 has today.

The careers of today's graduates will be vastly different from those of the class of 1943, in part because of the accomplishments of that class. But I am confident that the principles and standards personified by Emmet Spicer and Arnold Breckenridge and the solid and substantial contributions of the class of 1943 will be a base upon which the class of 1983 will make its contributions to medicine in North Carolina and the nation and the world. I am confident, too, that there will come a day in May of 2023 when members of the class of 1983 will reflect upon their 40 years in medicine with justifiable pride.

Stewart Bondurant

Screenplays feature muscles, motion

How much force is generated by a sprinter's hamstring muscle or the kick of a karate expert?

Why is someone who has sprained an ankle so likely to reinjure the ankle six months to a year later?

Do orthotic devices in running shoes really help?

Is bicycling good for knee problems?

In the medical school's Laboratory for the Analysis of Human Motion health professionals study in detail what happens with muscles, tendons, bones, joints, etc., whenever the body moves. The reason for doing so—simply stated—is that the more physical therapists and others understand how the parts of the body are supposed to move, the more they can understand and treat body parts that don't work right.

The lab occupies not too spacious quarters in the basement of wing B of the medical school. It appears to be a cross between an excerise gym, a TV studio and an electronics lab.

"The lab was established in 1975," according to Dr. Barney F. Leveau, director. "Most of the equipment was purchased with an HEW grant of about $100,000.

"The lab is designed for teaching both undergraduate and graduate students in physical therapy. This includes not only classes, but also individual research for senior projects and masters' theses."

Leveau, who is an associate professor of medical allied health in the division of physical therapy and clinical associate professor of family medicine, said the lab also is used by faculty and students in the department of physical education on campus, as well as physical therapy students from Duke, as the schedule has permitted.

"We don't have the attitude that it is just ours. We try to get as many people as possible to use the lab," Leveau said.

"We look at the whole spectrum of human motion, from the person who has difficulty moving because of a malformation or brain injury to the star athlete."

For example, a class may film someone walking, analyze the film frame by frame and discuss what problems the person may have. Other classes assess muscle strength and endurance using a machine—known as a Cybex—designed for that purpose. Another device records electricity within a muscle. This process is electromyography, or EMG. And, yes, it's somewhat analogous to EKG and EEG measurement.

"Electromyography tells us when a muscle is working or not working, and how much it is working," Leveau said. The hospital's medical engineering lab built the EMG machine used here.

Other equipment used regularly in the Laboratory for the Analysis of Human Motion ranges from a tread mill to a small computer.

One of two movie cameras can film up to 300 frames per second, which is especially useful for studies of running. Motion also is recorded on videotape. The Vanguard Motion Analyzer allows the researcher not only to look at a subject frame by frame, but also measure the angles of body and limbs at each point.

"We filmed runners in the Chapel Hill-Carrboro Pacers (a local youth track club) to see if there were changes in their running styles from year to year," Leveau said. "We filmed at least 150 different runners from 6 year olds up to their 40-year-old coach over four years."

Another study with implications for athletes is looking at knee problems. Using EMG, Leveau is studying the function of muscles related to knee disorders.

Other studies which faculty or graduate students have completed or are conducting now include:

—The effect of treatment on the gait of children with cerebral palsy.

—Muscle activity of stroke patients.

—Motor development of infants.

—Walking characteristics of mentally retarded individuals.

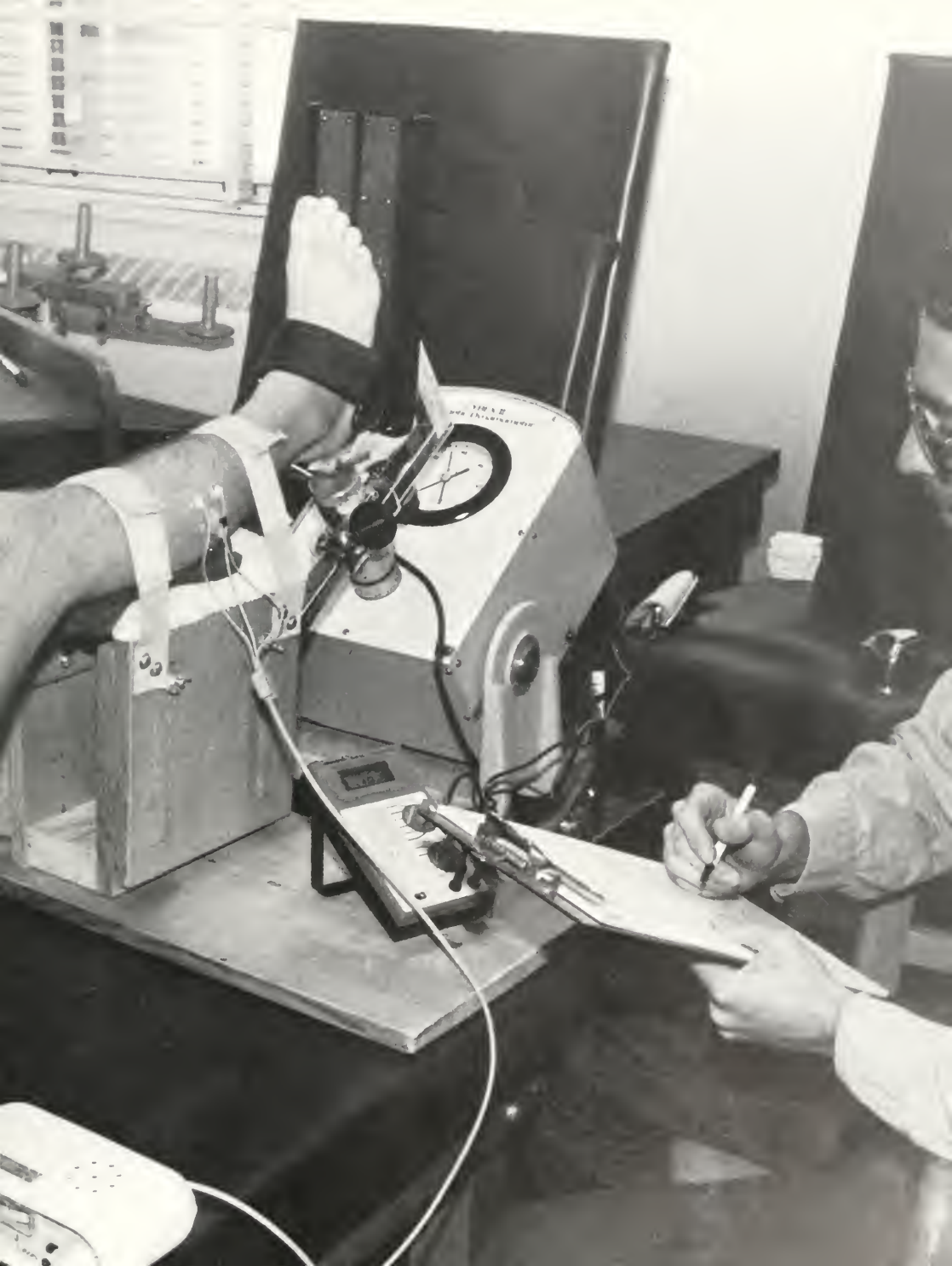
—Analysis of little league baseball pitches.

—Analysis of swimmers' take-offs during competition.

Any study using patients is screened and cleared by the medical school's committee on the protection of the rights of human subjects. Often, however, especially in class, the students use each other as subjects.

Students chosen to demonstrate, say, walking, often find it a bit strange to try to walk normally with electrodes attached to the ankles and legs. But they never walk out on the demonstration. The wires connecting the electrodes to the monitoring equipment wouldn't let them get far away anyhow. □

Physical therapy graduate student Dave Miller prepares to obtain readings from the electromyography (EMG) machine. On the preceding page, Miller attaches electrodes to fellow PT graduate student Danny Holt. Miller then is able to use the EMG machine to demonstrate the electrical activities of muscles during normal walking. On the facing page, Mike Gross, another PT grad student, uses the Cybex to study muscle activity in an injured ankle.



Physicians should take the lead in promoting good health, controlling costs

By Sarah T. Morrow, M.D.
Class of 1943

Many of the traits needed by a physician who gets into the political arena cannot be taught in medical school, but certainly the training for a good doctor is basic.

To be successful in a political job a medical doctor must be clinically qualified to have respect and credibility among his peers. He must know good clinical medicine, pathology and epidemiology. He must have knowledge of health law or certainly know where to look it up because the authority of a person in the political arena is largely dependent upon that authority which is granted in the general statutes.

A physician who gets into the political whirl such as being secretary of a state department, certainly needs administrative and managerial skills. He needs to get along well with people, genuinely to like people, to be caring and compassionate. He needs an even disposition. He certainly needs a sense of humor. It's important not to to overreact. He needs a built-in buffer zone so that under all circumstances he keeps his cool. He needs to make prompt decisions and stand behind them. And certainly he needs patience and understanding of his employees with a recognition that not everyone will have the same energy, motivations and drive as he has. Otherwise they might be in his shoes. It's important that he work as a member of a team and that he is able to play politics because it is an area of much compromise. Though not essential, it is to his advantage to be a good public speaker.

From where I sit, it appears we need doctors in the political arena, at the county, state and national levels of government. They are needed in leadership roles to guide us as our medical care system changes. And it is changing whether we like it or not.

The main reason for the change is cost. The cost of health care now amounts to 10.5 percent of our gross national product. Health care is our third largest industry in the United States. In North Carolina the rapid increase in premiums for health coverage over the past two or three years is causing great concern among private businessmen, our industrialists and our state government, which itself employs 65,000 people. Health care premiums have increased about 30 percent a year. Medicaid costs in North Carolina have gone from $508 million in 1980 to $617 million in 1982. Many people are now unemployed and have lost their health insurance coverage altogether—this includes their family's coverage too. Many of these people are not poor enough to be eligible for Medicaid.

Our legislators are looking at what they can do to contain Medicaid cost. They have placed a moratorium on construction of new nursing home beds to avoid additional costs there. They are not considering hospital rate regulation at this time but they did consider it two years ago. Already in Massachusetts and Maryland they have hospital rate regulations. Such a legislation has been introduced in Arizona and proposals are being studied in Florida.

State government no longer has a contract with Blue Cross/Blue Shield but is its own insuror of state employees and their family at a cost of approximately $120 million a year. At this time I believe there are about 400,000 people that are covered under this program.

In the past our payment system to doctors or hospitals has not been rewarded by efficiency or cost containment, so there has been no incentive to economize. Doctors have not been paid for exercising medical judgment but there is payment for all the diagnostic procedures performed. Hospitals have been reimbursed based on their rates, high or low, without feeling any pressures to lower their rates or contain costs. Hospitals place pressures on doctors to keep their bed occupancy up—the administrators don't like red ink. Patients have not worried about costs because they were covered by insurance and had little "out-of-pocket" payments to make.

Things are changing rapidly now. Patients are having to pay out on the front-end for their health care either

Dr. Sarah T. Morrow is secretary of human resources, State of North Carolina. This article was excerpted from an address she gave during Medical Alumni Weekend, March 26, 1983 in Chapel Hill.

'We need more doctors in the political arena, at the county, state and national levels of government. They are needed in leadership roles to guide us as our medical care system changes. And it is changing whether we like it or not.'

through deductibles or co-payments. Doctors are being paid on a set fee basis. Hospital and nursing homes are getting perspective reimbursement. This year new federal rulings have come out affecting Medicaid and Medicare. There is a cost shift in Medicare to short stay patients. Currently from the second to the 60th day there is no cost sharing for the Medicare patient. What is proposed, though, is for the second through the 50th day, there would be $28 per day borne by the patient and for the 16th through 60th day another $17.50 borne by the patient. We all know that setting hospital fees for indigents (lower) shifts more costs to the private paying patients.

I recently heard a statement by someone in close touch with Washington that if we, the doctors, are not able to get health care costs under control within the next three years, we will not be able to stem the tide of government regulation and health care becoming a public utility. None of us wants to see federal government take over. Though we may be getting toward retirement age, many of us have children who are active in the medical profession. We want their practice to be as satisfying to them as ours have been to us.

What changes lie in the future for our system of health care? I do not have a crystal ball but I would like to make a few predictions based on observations of the past year.

We know we are turning out new doctors each year. The number of new physicians in North Carolina for 1982 was 667.

In North Carolina we think this will improve accessibility of health care particularly in our small rural eastern and western counties. We have 29 rural health centers. It also means we have had no difficulty in our state hospitals in hiring physicians who are willing to work full-time on salary. At one time we hired foreign-trained physicians, many with language barriers, because of physician shortage in our state hospitals.

I believe physicians will again become active in public health departments and focus on promotion of good health and disease prevention. Keeping professionals and the public informed on trends in health issues. In public health departments, environmental health, occupational health and hazardous waste management will require the public health directors to be well informed and trained in epidemiology, toxicology, biostatistics—in other words, he needs M.P.H. degree.

Because coalitions are being formed by big businesses to control cost of care of their employees, I anticipate the formation of more groups of doctors with various specialties in the more populated areas. This group may contract with one hospital for in-patient care dependent on where they can get the best rates. I see the primary care physician in the group as the patients' "broker," "case manager" or "gatekeeper" determining what specialized care the patient may need and working to contain costs of his patients care. The success of these groups will depend upon the selection of well-trained physicians with good reputations who render quality medical care in a caring manner. People who care work as a team. I anticipate that the great disparity between incomes of the various specialities will become narrower under these group arrangements.

In the next decade doctors may not be as supportive of hospitals as they are today. We are already seeing ambulatory surgical clinics give hospitals competition. The development of more in-home services will allow more patients to avoid institutional care whether in a hospital or a nursing home. Physician assistants and nurse practitioners will continue to play important roles in patient care despite increased numbers of doctors. They will help to provide more flexible office hours, and work in emergency rooms, in state institutions and rural areas assisting physicians.

The preparation of a physician for his future role may require further education. Today we are seeing an increasing number of physicians who obtain other degrees either before or after entering medical school—for example, masters in public health, business administration, public policy, economics and advanced degrees in computer science.

Regardless of the challenge and stresses that will confront the medical professional in the next few years, I believe doctors will make adjustments and changes and continue to render quality medical care to their patients. In DHR, (18,000 employeees, budget of $1.6 billion) we deal with lives of people in need—old, young, poor, handicapped, sick. I think all of us recognize good health as being fundamental to the success of every citizen—good mental and physical health.

The importance of good health is so well expressed by the geographer George Herbert Tinsley Kimble:*

> It is bad enough that a man should be ignorant, for this cuts him off from the commerce of other men's minds. It is, perhaps, worse that a man should be poor, for this condemns him to a life of stint and scheming, in which there is not time for dreams and no respite from weariness. But what surely is worst is that a man should be unwell, for this prevents his doing anything much about either his poverty or his ignorance.

Our profession should be proud or our practice of the healing art to better mankind. □

* Kimble, George Herbert Tinsley. "Tropical Africa. Problems and Promises." Foreign Policy Association World Affairs Center Headline Series, No. 147, May 20, 1961, pp. 37-38.

Burn center gets new director

Dr. Hugh D. Peterson, former chief of the plastic surgery service at Walter Reed Army Medical Center, has been named Oliver R. Rowe professor of surgery in the School of Medicine and director of the N.C. Jaycee Burn Center at N.C. Memorial Hospital.

His appointment was announced by Dr. Christopher C. Fordham III, (C. Med. '49), UNC-CH chancellor.

"Dr. Peterson comes to us with outstanding qualifications," Fordham said. "He will, I am sure, provide excellent leadership for our superb burn program."

A native of Kewanee, Ill., Peterson retired as a colonel in the U.S. Army June 30. He had been chief of the plastic surgery service at Walter Reed and plastic surgery consultant to the surgeon general since 1977.

Peterson received his D.D.S. in 1956 and his M.D. in 1962 from Northwestern University where he was elected to Alpha Omega Alpha.

Dr. Colin Thomas, chairman of the UNC-CH surgery department, praised Peterson as a highly skilled surgeon, an outstanding teacher and an effective administrator. Thomas said he is confident that Peterson will provide strong leadership for the burn center's programs of patient care, research and education, so it will continue to be a source of medical care of the highest quality for the people of the state.

The 23-bed center is one of the most comprehensive burn facilities in the country. It is dedicated to providing the combination of specialized medical

care and rehabilitative services required by victims of severe burns.

The burn center has cared for some 350 patients since it opened its doors in 1981.

The Oliver R. Rowe Professorship in Surgery was established in 1976 by Charlotte industrialist Oliver R. Rowe with the intent that the faculty member holding it be associated with the medical school, the burn center and the hospital. Dr. Roger Salisbury, first director of the burn center, also was the first Rowe professor.

In addition to his support for UNC-CH, Rowe was a driving force behind the creation of UNC-Charlotte and the Mecklenburg school consolidation, and he is former president of the Charlotte Symphony. □

Football and more

It's a big Medical Alumni Fall Weekend, Sept. 16-17. The medical alumni office has reserved a block of tickets for the UNC-Miami of Ohio game. You can purchase these rare commodities for yourself and your whole family. Before the game, we'll have a pig-pickin' on the lawn outside the medical school research wing.

The weekend, which will include opportunities for continuing medical education credit, will get under way Friday, Sept. 16 with the fall meeting of the alumni visiting committee. A special event that evening will be the unveiling of portraits of former deans Isaac M. Taylor and Christopher C. Fordham III. The ceremony will be held in the banquet hall of the Morehead Building, from 6-8 p.m., Sept. 16, and will include a reception honoring Taylor and Fordham.

The medical alumni council will meet for a Saturday breakfast at 7:30 a.m. From 9-11 a.m., there will be a number of CME sessions to choose from. All will be led by medical alumni and will include areas such as medicine, cardiology, ob-gyn, pediatrics and surgery.

Then it will be on to the picnic and the game. Contact Beverly Stutts, 231 MacNider 20211, Chapel Hill, N.C. 27514, (919) 962-2118, to register and reserve your tickets.

Extracts

Tracking medical graduates

(Continued from page 3)

mine whether or not they are remediable—whether we can do better next time. If the impaired physician represents to an extent a failure of the educational system, then can educators not expect to learn by developing a dialogue with that physician—something about the pathogenesis of his professional morbidity—something which might facilitate his rehabilitation? The time is propitious.

Recently we have seen a flurry of papers in medical journals relating to "doctor burnout," professional impairment of physicians and their abuse of drugs. The North Carolina Medical Society has established a committee on physicians' health and effectiveness, and the North Carolina Board of Medical Examiners has developed innovative methods for early detection and referral of physicians with such problems.

I was delighted to learn recently that our Office of Alumni Affairs had received a grant to plan remedial CME programs targeted to the needs of individual physicians. And the department of family medicine is planning an Institute of Family Medicine, which would among other services offer evaluation and consultation to individual physicians followed by "educational prescriptions" to meet their identified needs.

I hope that one day this great medical center, which enjoys such as enviable relationship with the physicians of our state, will establish a formal relationship with the North Carolina Medical Society and the North Carolina Board of Medical Examiners to assist them in the identification, evaluation and rehabilitation of physicians with these problems to prevent thereby some of the awesome personal and societal consquences. □

Dr. Sessions

Dr. Lea

Dr. John T. Sessions, professor of medicine, has been elected to a one-year term as vice president of the American College of Physicians.

Sessions specializes in studying diseases of the digestive system and in treating patients with ileitis, colitis and peptic ulcers. He received his medical degree from Emory University in 1945 and served his residency at Grady Memorial Hospital in Atlanta. He joined the UNC-CH medical faculty in 1952.

Sessions has received numerous professional honors and awards. He was the first recipient of the medical school's The Professor Award, given in 1956 for the greatest contribution to the medical education of the graduating class. He also was the first recipient of the Distinguished Faculty Award presented by the Medical Alumni Association in 1978.

Sessions has been an active member of the American College of Physicians for many years, serving as local leader for North Carolina, as chairman of the organization's public and professional communications committee and as a member of the national policy-making body, the Board of Regents.

An Office of International Affairs has been established within the School of Medicine to support, facilitate and enhance the many international activities, relationships and interests of medical faculty and students.

Dr. James W. Lea, director of the Program for International Training in Health (INTRAH) has been named director of the office, which is a separate unit of the office of the dean of the School of Medicine.

An Advisory Committee on International Affairs also has been established to represent the faculty and provide advice on actions and issues related to international activities and the needs of the school and faculty.

The Office of International Affairs provides several core services. One of these is to advise and assist faculty, students and foreign visitors with itinerary planning, visas, living and working accommodations and subsistence. Lea pointed out that the office will not purchase plane tickets, obtain visas, or make reservations, however.

Another important function of the office is to build a central bank of information on international activities in the medical school.

The Robert Wood Johnson Clinical Scholars Program in the School of Medicine has received $1 million to fund another three-year term.

The program, under the direction of Dr. Robert H. Fletcher, begins its fourth three-year cycle at UNC-CH this year. It is one of only six clinical scholar programs in the country funded by the Robert Wood Johnson Foundation.

The two-year clinical scholars program offers study and research opportunities in a number of non-biological

Members of the class of '83 perform one of the numbers from this year's student skit night. Reliving their four years of medical studies, the newest members of the Medical Alumni Association sang and danced their way through labs, classes, being on-call, patient workups, chosing specialties and interviewing for residency positions. The show closed with a number called "Bye Bye Med School."

fields to promising young physicians who have finished residency, Fletcher explained.

"Among the objectives of the program are to promote, in the scholars, a broad understanding of medicine through the study of non-biomedical disciplines and to prepare them for a bridging role between classical medicine and non-clinical fields," Fletcher said. Scholars study fields such as epidemiology, biostatistics, sociology, anthropology, health administration and economics.

Clinical scholars are chosen by the local program's policy committee and the board of directors of the national program.

The UNC-CH Health Sciences Library, reached a milestone recently when it added the 200,000th volume to its collection.

The library contains the second largest collection of any academic health sciences library in the South. Included in the 200,000-volume total are monographs, rare books, audio-visuals and approximately 3,800 serial subscriptions.

Carolyn Lipscomb, coordinator of staff development and publications at the library, said that, because the library serves five health schools and Memorial Hospital, the scope of materials in the collection is particularly broad. The library at UNC-CH is one of only six academic health sciences libraries in the United States and Canada serving that many disciplines.

The Health Sciences Library had its beginnings in 1800 when a few medical books were donated to the University libraries. The 100,000th volume was added to the collection 166 years later. Adding an additional 100,000 volumes took only 16 years.

More than two million people each year seek help for irritable bowel syndrome but the number of people who experience its symptoms may be even higher, according to researchers at the School of Medicine.

They believe as much as 15 percent of the population may suffer from bowel dysfunction and recently received a $367,000 grant from the National Institutes of Arthritis, Diabetes, Digestive and Kidney Disease to study the problem. The project will focus particularly on the factors which make some patients seek medical help for bowel dysfunction while others simply live with the symptoms.

"Irritable bowel syndrome (IBS) is the most common disorder gastroenterologists see, accountng for anywhere from 40 to 70 percent of our patients," explained Dr. Douglas A. Drossman, assistant professor of medicine and psychiatry. "Yet we know very little about it. The disorder is characterized by symptoms which include diarrhea, constipation and abdominal pain and usually is dignosed after other medical conditions have been ruled out.

"We believe this study will help determine whether IBS is a manifestation of a psychoneurotic disorder, the result of a biologic disturbance which affects behavior as well as the gut, or a physiologic disorder in which the intestine is highly responsive to various stimuli including psychological stress" he said.

Extracts

Dr. Miller

Dr. Francis T. Miller, associate professor of psychology in the department of psychiatry's division of community psychiatry, died April 1. A native of Laurens, S.C., he joined the UNC-CH faculty in 1967.

"Dr. Miller has been a devoted and important member of our faculty for 15 years," said Dr. Stuart Bondurant, dean of the School of Medicine. "He was an expert in the delivery of mental health services in rural areas. Few people in our time have contributed as much to the mental health programs for farm families."

Dr. Thomas Curtis, chairman of the psychiatry department, said: "He was a gifted and valued teacher and guided the group psychotherapy program in the department for a number of years. His loss is one that will be severely felt by his students and faculty colleagues."

Dr. Miller was with the Emory University department of psychiatry for four years before coming to UNC-CH. He also had worked with the Houston State Psychiatric Institute and the S.C. State Hospital in Columbia.

He earned his bachelor's and master's degrees from the University of South Carolina and a doctorate at the University of Houston.

He is survived by his wife, Helen R. Miller and two children, Karl and Lynn, all of the home; three sisters, Mrs. Dorothy M. Coleman and Mrs. Hazel M. Hagen of Laurens, S.C. and Mrs. Juanita M. Surles of Isle of Palms, S.C.; and several nieces and nephews.

Dr. Gottschalk

Dr. Carl W. Gottschalk, Kenan professor of medicine and physiology, has been appointed to a four-year term on the National Arthritis, Diabetes, and Digestive and Kidney Diseases Advisory Council by Health and Human Services Secretary Richard S. Schweiker.

As a member of the council, Gottschalk will advise and make recommendations to the NIADDK concerning its program of grants and awards for biomedical research.

The council, established by Congress in 1950, is composed of 18 members who are prominent in science, education and public affairs.

Gottschalk, an authority in the physiology, causes, treatment and prevention of kidney diseases, is a career investigator of the American Heart Association. He received his M.D. from the University of Virginia in 1945. From 1966-67, Gottschalk was the chairman of the Special Committee on Kidney Diseases, Bureau of the Budget.

Dr. Roy R. Hantgan, assistant professor of biochemistry and nutrition, has received a five-year established investigatorship award from the American Heart Association.

Hantgan's primary field of study is the molecular mechanism of blood coagulation. He was appointed to the faculty in 1977 as a research assistant professor. He became an investigator at the Center for Thrombosis and Hemostasis in 1981 and was named assistant professor earlier this year.

Dr. Hantgan

He earned his B.S. degree in 1968 from Juanita College and his Ph.D. in 1974 from Cornell University.

Physicians at North Carolina Memorial Hospital have improved substantially the success rate for kidney tramsplants in children by giving them a series of preoperative blood transfusions from the patient who is donating the kidney.

This donor specific transfusion (DST) technique, performed at Chapel Hill in a cooperative study with several Southeastern centers, has improved dramatically the success of transplantation, according to Dr. Richard Morris, associate professor of pediatrics in the School of Medicine.

Morris is a member of a kidney transplant team which includes Dr. Stanley Mandel, professor of vascular surgery, and Dr. James Mandell, assistant professor of surgery and pediatrics.

Morris explained that the DST technique is more important to children than adults because it is used when transplantation is performed between related persons whose tissue types are haploidentical or half alike. "Previous results with this kind of transplantation were not as good as when a child received a transplant from a brother or sister with an identical tissure type," he said. "But the results with haploidentical transplation after DST are essentially indentical to those when a sibling transplant is performed." □

Class notes

Manning-Berryhill Club

H. Mack Pickard, C. Med '35, has been retired since 1978. His hobbies include showing his two AKC Champion Pembroke Corgis, one of which was ranked 6th in the American Kennel Club in 1981.

Matthew A. Stroup, C. Med '39, for the past three years has been going to Europe two times a year to cover the American Army's landing on D Day (June 6, 1944) and following the American Troops across the Rhine.

William Tenenblatt, C. Med. '42, is limiting his practice to part-time gynecology only.

40s

W. E. Cornatzer, Ph.D. '44, visited the University of Manitoba recently to evaluate a Medical Research Council (MRC) Career Investigatorship grant for the Medical Research Council of Canada.

50s

Robert A. Farmer, M.D. '56, completed a residency last year in psychiatry at Napa State Hospital, Imola, Calif. He is now practicing as a staff psychiatrist at the California Medical Facility, Vacaville, Calif.

Dean Jones, M.D. '56, has been practicing general surgery at Ashe Memorial for the past 20 years. He says wife, Evelyn "is a very pretty and young looking grandmother." Their daughter Phyllis is married to a UNC dental school graduate, Keith Yount. Dean and Evelyn have one grandson who's a year old. Sons Charles and Tommy attend UNC. "David is at Cow College," Dean notes. Daughter Linda is 14 and is "busy with pageants and cheerleading, etc."

Benson R. Wilcox, M.D. '57, has been named president-elect of the Thoracic Surgery Directors Association. He is professor of surgery and chief of the division of cardiothoracic surgery at UNC-CH. A faculty member since 1963, Wilcox also is faculty chairman of athletics.

The Thoracic Surgery Directors Association is an organization of individuals who are heads of cardiothoracic training programs throughout the United States and Canada.

60s

Ward N. Madison Jr., M.D. '62, following a 13-year tenure as staff pathologist, has been appointed director of Laboratories at Saint Joseph Medical Center, Wichita, Kan., as of Jan. 1, 1983.

Elder daughter, Laura, matriculates in the class of '87, UNC-CH undergraduate, on the 25th anniversary of her father's matriculation in the medical school.

Bruce Berryhill, M.D. '64, has been installed as the new chairman of the WDAV advisory board at its March meeting.

This 25-member board advises Davidson College's radio station about fund-raising and program development.

Robert Kindley, M.D. '65, is a colonel in the U.S. Air Force. He is stationed at Keesler AFB, Biloxi, Miss., where he is in practice as an allergist.

Wesley C. Fowler, M.D. '66, professor of obstetrics and gynecology at UNC-CH has been named associate chairman of the department of obstetrics and gynecology. He will continue his duties as chief of the division of gynecologic oncology and associate director for cancer control at the Cancer Research Center.

Dr. Wilcox

M. Wayne Flye, M.D. '67, has accepted an appointment recently as director of the division of organ transplantation and immunobiology at Yale University in New Haven. Flye is also associate professor of general and thoracic surgery there.

John L. Currie, M.D. '67, assistant professor of gynecologic oncology at UNC-CH, has been named faculty coordinator for the cancer education program in the schools of medicine and dentistry. Currie will oversee the summer student assistantship program that provides multidisciplinary, comprehensive cancer education projects for students working with health affairs faculty preceptors. **James F. Newsome, C. Med. '47,** is director of the program.

70s

M. Eugene Sherman, M.D. '70, has been inducted into the American College of Cardiology. Sherman is serving a second term as a member of the board of directors of Comprecare Incorporated, a Denver based HMO. He is also serving his second term as a member of the board of directors of the Colorado Foundation for Medical Care, the State PSRO agency. Having been a resident of Colorado for six years, he is becoming an avid skier and has also participated over the past several seasons in a co-ed soccer league as both a coach and a player.

Edward B. Sassnaw, M.D. '70, was certified in forensic pathology by the American Board of Pathology in May 1981. He is chief of pathology at the Worcester City Hospital and is an associate professor of pathology at the University of Massachusetts.

Got a spare?

The office of medical alumni affairs has several gaps in its collection of the Yackety Yack. Missing are the Yacks for 1932, 1933, 1943, 1944, 1951 and each year from 1971 to the present.

If you have a Yack from any of these years which you would be willing to donate, please contact the medical alumni office.

Class notes

Henry R. Lesesne, HS '70, participated in the Fourth International Symposium of Mission Medicine in Port Dixon, Malaysia. The symposium was designed by the Christian Medical Society to provide continuing medical education for medical missionaries. Lesesne, associate professor of medicine at UNC-CH, lectured on peptic ulcers, hepatitis, endoscopy of the gastrointestinal tract and nutrition.

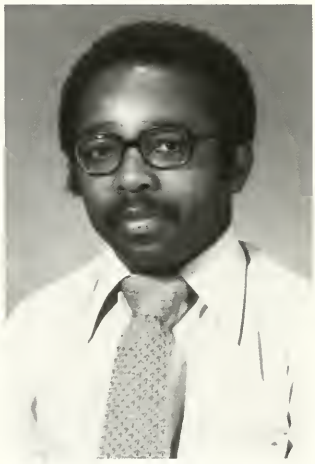
G. Dean Wilson Jr., M.D. '72, has added a third partner to his neurological practice in Johnson City, Tenn. To avoid confusion with other clinics with similar names, the clinic name was changed from Appalachian Neurology Clinic to Neurologic Associates of Johnson City. Wilson's wife Janines' private school, Ashley Academy, has been expanded to include grades 1-6 and currently enrolls 74 students.

Susan A. Sherman, M.D. '73, is currently serving as the first president of the Colorado Society for Endocrinology and Metabolism. In addition to her practice of endocrinology and metabolism, she has been an active member of the volunteer teaching faculty of the University of Colorado Health Sciences Center.

Forest P. Newman, M.D. '74, a major in the U.S. Army Medical Corps, has completed his internal medicine residency at Walter Reed and was stationed in Europe for three years. He recently completed an endocrinology fellowship, also at Walter Reed and is now at Fort Detrick, Md. He notes he's still married to the same spouse as in college, and they have three children.

In addition to diabetology and metabolic bone disease he is interested in computer applications to clinical research. He hasn't ruled out coming back to North Carolina to practice in the Raleigh-Durham or western area in about two years.

Robert L. Reddick, M.D. '73, and Dr. Gene P. Siegal, assistant professors of pathology at UNC-CH, have received junior faculty clinical fellowships awarded by the American Cancer Society. The society also awarded clinical fellowships to pathology residents **Pamela A. Groben** and **Mark L. Mitchell.** Reddick, who also earned an M.S. in experimental pathology at UNC-CH, was appointed to the faculty in 1978. Siegal joined the faculty in 1982.



Dr. Reddick

Herman S. Lilja, Ph.D. '74, has been named director of toxicology and carcinogenesis at the Mason Research Institute in Worcester, Mass.

Linn H. Hatley, M.D. '76, has been elected 1983-84 chairman of the Junior Fellow College Advisory Council of The American College of Obstetricians and Gynecologists (ACOG). A former assistant professor at UNC-CH, she is in private practice at the Durham Women's Clinic.

Active in ACOG activities, Hatley is the second woman in 11 years to become chairman of the advisory council. From 1981 to 1982 she served as the vice chairman and previous to that as Jr. Fellow District IV chairman which includes the seven southeastern states, the District of Columbia, the Virgin Islands and Puerto Rico.

Ray Mitchell, M.D. '77, has been promoted to major in the U.S. Air Force. He's teaching at the Malcolm Grow Medical Center as assistant professor of internal medicine and pediatrics at the Uniformed Services School of Health Care Science. Mitchell is also assistant commandant of students for the class of '84. He enjoys crabs and sailing on the Chesapeake Bay—but between Lefty Driesell and Georgetown he's homesick for the Tar Heels.

George M. Johnson of Huntsville, Ala., **Frederick Harrison Mabry Jr.** of Laurinburg and **Herman Grady Morgan Jr.** of Valdosta, Ga., all **M.D. '77,** have been elected to fellowship in the American Academy of Pediatrics. Johnson is clinical assistant professor of pediatrics at the University of Alabama at Huntsville. Mabry is chief of pediatrics at Scotland Memorial Hospital. Morgan is chief of pediatrics at the Moody Air Force Base hospital.

Robert W. Patterson, M.D. '78, left co-practice in September 1982 to pursue a solo practice career in Sanford.

L. Ann Nunnally, M.D. '79, was elected vice-chair of Jr. Fellows of ACOG District VI in September 1982 and will serve as chair beginning this September. After finishing her residency in ob gyn in June 1983 she joined an H.M.O. at Michael Reese Medical Center in Chicago.

George Hatem, D.S.A. '79, known in China as Dr. Ma Haide, received the 1982 Damien-Dutton Society Award for leprosy aid. The award was presented by American Ambassador Arthur W. Hummel Jr. at a ceremony held in the United States embassy in Beijing. Hatem was cited for his leadership in leprosy prevention and control in the Peoples Republic of China during the past 32 years. The North Carolina-born physician notes that in 1949 there were approximately a half million leprosy cases in China, while the number has dropped to about 200,000. The Chinese are aiming at full control and basic eradication of the disease by the year 2000. Hatem was involved in medical programs which virtually eliminated veneral disease in China by the late 1950s.

Marianna Henry, M.D. '77, a pediatric pulmonary fellow at N.C. Memorial Hospital, works with the hospital's new Infant Monitoring Program which already is helping to save the lives of children around the state.

Infants who are at a greater risk for Sudden Infant Death Syndrome are considered candidates for the home monitoring program after evaluation at the hospital, Henry said. Family members are taught how to work the monitoring equipment and how to resuscitate the infant.

The hospital has seven monitors which were donated by various individuals and organizations, including the hospital's Volunteer Association. Monitors can be rented from commercial programs for about $250-300 a month.

"Monitor rental often is not covered by insurance companies or Medicaid," Henry said. "Access to a monitor, then, is particularly difficult for some families."

Gerald Strope, HS '78, assistant professor of pediatrics, heads the program.

Class notes

80s

Paul B. Duvall, M.D. '80, completed his family practice residency at Spartanburg General in June. He and his wife Teresa have moved back to his home town of Brevard to begin the long awaited private practice.

E. John Markushewski, M.D. '80, married Cynthia Karen Trantham of Northport, Ala. March 19, 1983. He finished his family medicine residency in June and is stationed at Osan, South Korea with the U.S. Air Force.

Horace W. "Mark" Miller, M.D. '82, has finished his internship at Charlotte Memorial Hospital and Medical Center in general surgery. He married Beth Shofield, April 23, 1983. She is a physical therapist from Chapel Hill, now at Charlotte Memorial.

Terry W. Wallace, M.D. '82, married Cynthia Ann Arnold of Valdese April 23, 1983. He is a resident in diagnostic radiology at the State University of New York, Stony Brook.

Frank Tortora, HS '82, has joined **Henry Unger, HS '80,** in practice in Apex. The two urologists became friends during residency days at N.C. Memorial, in part because of their mutual interest in cooking specialty meals.

Eric Strom Chino, HS '83, married Debbie Sue Gupton March 26, 1983. Chino was chief resident in general surgery at N.C. Memorial Hospital this past year.

Deaths

Ernest L. Bender, C. Med. '12, Richmond.
Herbert H. Fritz, C. Med. '22, Bryn Mawr, Pa.
Charles O. Humphries, C. Med. '43, Durham
Harry M. Kanner, C. Med. '17, Sacramento, Calif.
James E. Rihet, C. Med. '45, Asheville

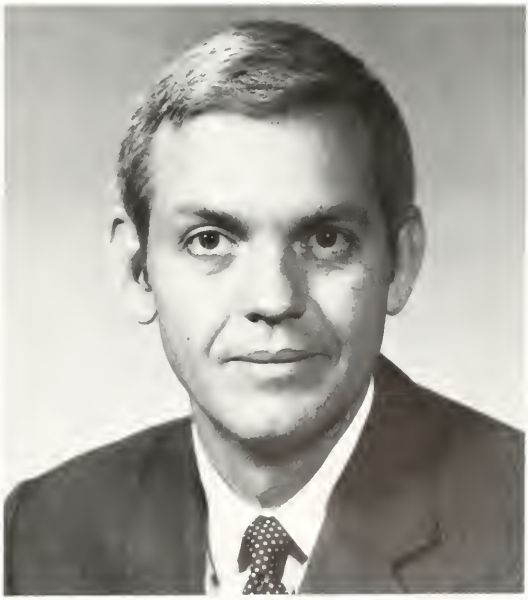
G. William Bates, M.D. '65, of the University of Mississippi Medical Center has been named an Alfred P. Sloan Fellow by the Massachusetts Institute of Technology.

One of 54 men and women chosen for the program, he will follow a 12-month course of study leading to a Master of Science Degree in Management at M.I.T.'s Alfred P. Sloan School of Management.

On staff at the Mississippi Medical Center since 1978, Bates is a professor of obstetrics and gynecology and director of the division of reproductive endocrinology. He earned both the B.S. and M.D. degrees at UNC-CH where he was a Morehead Scholar. Before joining the Mississippi faculty, he was a research fellow in reproductive endocrinology at the University of Texas Health Science Center Southwestern Medical School in Dallas. He was professor and chairman of the department of obstetrics and gynecology at the University of Tennessee Clinical Education Center in Knoxville from 1972-1976.

The Sloan Fellows Program, started in 1931, was the first executive education program in the world. The concept of a full year of study for mid-career executives was initiated by the late Alfred P. Sloan Jr., former chairman of the board of General Motors Corporation, and the late Professor Erwin Schell of M.I.T. More than 1,400 have completed the program. Bates is the first to represent the Mississippi Medical Center in the program.

According to the director of the Sloan Fellows Program, Alan F. White, the majority of this year's class comes from U.S. industry, with the others representing a wide range of activities in the private and public sectors of health, education and government. All Sloan fellows were nominated for the program by their organizations. Bates is the only American physician participating in the program this year.



Residency placements

Eighty percent of this year's medical graduates who participated in the National Residency Matching Program were placed among their first three choices for residency positions. Fifty-nine percent were matched with their first choice.

Primary care specialties have been chosen by 62 percent of the 158 new physicians. This includes 51 individuals who are continuing their training in internal medicine, 13 in family medicine and 12 in pediatrics.

The 25 who have entered programs at North Carolina Memorial Hospital are among the 48 remaining in North Carolina for graduate medical education.

A complete list of matching results for the class of 1983 follows:

ALABAMA
Birmingham: University of Alabama Medical Center
William Frederick Alexander (internal medicine)
John Murdoch Herion (internal medicine)
Charles Stephen Stinson (internal medicine)
Keith Shatteen Thompson (internal medicine)
Julian Robert Vainright Jr. (internal medicine)

ARKANSAS
Little Rock: University of Arkansas Affiliated Hospitals
Sally Patricia Agner (internal medicine)
Carl Michael Nicks (surgery)

ARIZONA
Phoenix: Baptist Hospital
Thomas John Zuber (family medicine)
Phoenix: St. Josephs Hospital
Cathy June Hill (family medicine)
Tucson: University of Arizona Affiliated Hospitals
Brian Patrick Redmond Jr. (anesthesiology)

CALIFORNIA
Los Angeles: UCLA Neuropsychiatric Institute
David Lee Sultzer (psychiatry)
Oakland: Highland General Hospital
Robert Carter Clements (transitional)
San Francisco: University of California Hospitals and Clinics
Mark Douglas Smith (internal medicine)
Stanford: Stanford University Hospital
Karen Emilie Gottschalk (pathology)

CANADA
Montreal: Royal Victoria Hospital
Patricia Marie Perl (internal medicine)

CONNECTICUT
Hartford: Hartford Hospital
Robert Nevill Gates (transitional)
New Haven: Yale-New Haven Medical Center
Howard Clifton Blue (psychiatry)
Phillip Sheridan Dickey (surgery)
Princess Anne Williams (internal medicine)

GEORGIA
Atlanta: Grady Memorial Hospital
Charmaine Delores Gray (pediatrics)
Augusta: Eugene Talmadge Memorial Hospital
Sean Alfred Ellison (internal medicine)
James Michael Seward (family medicine)
Peter Robins Watson (internal medicine)
Savannah: Memorial Medical Center
Ralph Steven Christy Jr. (surgery)

FLORIDA
Gainesville: University of Florida Affiliated Hospitals
Maurice Kobla Kpeglo (pediatrics)
Richard Scott Sykes (psychiatry)
Orlando: Florida Hospital
Gary Christopher Jones (family medicine)
Tampa: University of South Florida Affiliated Hospitals
Jackie Ann Newlin (obstetrics gynecology)

IOWA
Iowa City: University of Iowa Hospital and Clinics
Gilbert Journell Cuthbertson (pediatrics)
Megan Celia Danton (pathology)
Christopher George Koeppl (internal medicine)
James Charles Osborne (internal medicine)

KENTUCKY
Lexington: University of Kentucky Medical Center
William John Bicket II (surgery)
Kathy Lee Israelsen (pediatrics)
Woodrow Wilson Reeves Jr. (surgery)
Robert Davis Winston (internal medicine)

LOUISIANA
New Orleans: Tulane University Affiliated Hospitals
John Howard Williams (internal medicine)

MARYLAND
Baltimore: Johns Hopkins Hospital
Robert Lorenza Green Jr. (pathology)
David McLeod Herrington (internal medicine)
Baltimore: University of Maryland Affiliated Hospitals
Shirley Thompson (internal medicine)
Bethesda: National Naval Medical Center
William Stuart Wood Jr. (internal medicine)

MASSACHUSETTS
Worcester: University of Massachusetts Coordinated Programs
Elizabeth Anne Spitznagel (obstetrics-gynecology)

MICHIGAN
Lansing: Edward W. Sparrow Hospital
Richard Jefferson Gregory (emergency medicine)

MINNESOTA
Rochester: Mayo Graduate School of Medicine/Mayo Clinic
David Joseph Ballard (internal medicine)

MISSOURI
Columbia: University of Missouri Medical Center
Clyde Louis Harris (internal medicine)
Carlton Avery Jenkins (internal medicine)

NEW HAMPSHIRE
Hanover: Dartmouth-Hitchcock Medical Center
Mary Garber Bartels (psychiatry)

NEW MEXICO
Albuquerque: University of New Mexico Affiliated Hospitals
Glenn Peter Moradian (radiology)

NEW YORK
Albany: Albany Medical Center Hospital
Henry Edward Holloway Jr. (internal medicine)
Bronx: Montefiore Hospital and Medical Center
Barbara Elizabeth Johnson (social medicine)
Brooklyn: Long Island College Hospital
Debra Renee Wynecoff (internal medicine)
Manhassett: North Shore Medical Center
Jill Elizabeth McLoughlin (internal medicine)
New York: New York University Medical Center
Junius Harris Rose III (psychiatry)
Rochester: Rochester General Hospital
Louis Alphonso Wesley (obstetrics-gynecology)
Rochester: Strong Memorial Hospital/University of Rochester
John Alexander Connell (anesthesiology)
Syracuse: St. Joseph's Hospital Health Center
Thomas Somjen Frazer (family medicine)
Georgette Frazer Somjen (family medicine)

NORTH CAROLINA
Asheville: Mountain Area Health Education Center
George Carlton Finch Jr. (family medicine)
Chapel Hill: North Carolina Memorial Hospital
John Wayne Bartlett (psychiatry)
Gail Lynn Shaw Belinsky (internal medicine)
Thomas Wyatt Benton (internal medicine)
Douglas Winston Clark (transitional)
Elizabeth Ann Coleman (psychiatry)
Nancy Lorraine Earl (internal medicine)
Patricia Ann Friedman (pediatrics)
Charles Christian Goodno (psychiatry)
James Randy Hedgepeth (pediatrics)
Steven Walker Hipp (surgery)
Richard Landrum Jackson (psychiatry)
Peter John Larson (internal medicine)
Dianne Smith Litaker (psychiatry)
Franklin Webster Maddux IV (internal medicine)
John David Mauney III (psychiatry)
Paul Lee Molina Jr. (radiology)
Joan Templeton Perry (pediatrics)
Phyllis Ann Sage (psychiatry)
Susan Christine Smarr (obstetrics-gynecology)
Barbara Hollandsworth Smith (psychiatry)

Eugene Robbins Soares (pediatrics)
Paul Boksuk Suh (orthopedic surgery)
Claudia Jeffrey Svara (internal medicine)
Donald Eugene Toothman (internal medicine)
Deborah Lauth Tussing (internal medicine)
Charlotte: Charlotte Memorial Hospital
Sally Lawson Carpenter (pediatrics)
Donald Wayne Carringer (family medicine)
Pamela Sharee Dockery (pediatrics)
Gary Lee Fink (internal medicine)
Timothy James Hall (emergency medicine)
Patricia Ann Johnson (surgery)
Oveta Birdena McIntosh (pediatrics)
Kim Annette Morgan (family medicine)
Paula Yvonne Smith (family medicine)
Durham: Duke University Medical Center
Cristin Jane Babcock (obstetrics-gynecology)
Coin Tuman Page (family medicine)
Nathan Robert Strahl (psychiatry)
Fayetteville: Duke/Fayetteville Area Health Education Ctr.
Valencia Diane Pressley (family medicine)
Greensboro: Moses H. Cone Memorial Hospital
Vincent Kilmer Cheek (family medicine)
Paula Freeman Miller (internal medicine)
Clorinde Watson (pediatrics)
Winston-Salem: North Carolina Baptist Hospital
James Lowell Everette Jr. (pathology)
Mary Leigh Forehand (family medicine)
Kimberly Stone Haltiwanger (pediatrics)
Margaret Anne Noel (internal medicine)
Wanda D. Mitchel Peterson (surgery)
George Alexander Scharyj (internal medicine)

OHIO
Cincinnati: Cincinnati General Hospital
Lisa Louise Shockley (pediatrics)
Cincinnati: University of Cincinnati Medical Center
Robert Arthur Willis (surgery)
Cleveland: Cleveland Metropolitan General Hospital
Michael Bruce Fischer (internal medicine)
Columbus: Ohio State University Hospitals
Anita Louise Martin (pediatrics)
Deborah Lynn Taylor (internal medicine)
Dayton: Wright State University Affiliated Hospitals
Stephen Charles Cannon (surgery)

OREGON
Portland: Oregon Health Sciences University Hospital
Jack Jay Kaczmarek (psychiatry)
Andrew Romanowski (ophthalmology)

PENNSYLVANIA
Danville: Geisinger Medical Center
Gerald Britton Harper Jr. (surgery)
Mary Chester Morgan (surgery)
Monroeville: Forbes Health System
Sandra Watson Hairston (family medicine)
Philadelphia: Temple University Affiliated Hospitals
Gregory Alan Underwood (internal medicine)
Pittsburgh: Hospitals of the University Health Center
Arthur Dworetz (psychiatry)
Jerry Bryan Sloan (internal medicine)
Lawrence Michael Wyner (surgery)

1982-83 honors and awards

The Professor Award ..... John F. Rogers, M.D.
associate professor of medicine

The Medical Basic Science Teaching Award ..... David B. Jenkins, Ph.D.
assistant professor of anatomy

The CCB Excellence in Teaching Award ..... Romulo E. Colindres, M.D.
associate professor of medicine

The Henry C. Fordham Award ..... Rose Gunter Snipes, M.D. '80
resident in medicine

The Outstanding Intern Award ..... Samir M. Fakhry, M.D.
resident in surgery
Peter D. Mazonson, M.D.
resident in medicine

The Isaac Hall Manning Award ..... Phillip Sheridan Dickey '83
Christopher George Koeppl '83

The James Bell Bullitt Award ..... James Charles Osborne '83
Mark Douglas Smith '83

The Medical Faculty Award ..... Susan Christine Smarr '83

The Henry J. Kaiser Family Foundation Merit Award ..... Mark Douglas Smith '83

Merit Awards, Class of 1983

Sharon Steele Burton	Christopher George Koeppl	Andrew Romanowski
Douglas Winston Clark	Randy Owen Kritzer	Jerry Bryan Sloan
Phillip Sheridan Dickey	Peter John Larson	Keith Shatteen Thompson
Carlton Avery Jenkins	James Charles Osborne	Donald Eugene Toothman

The David A. Mayberry Award ..... David Linwood Edwards '83

The George C. Thrasher Jr. Award ..... Thomas Wyatt Benton '83

The Upjohn Award ..... Phillip Sheridan Dickey '83

The Sandoz Award ..... Barbara Elizabeth Johnston '83

The Merck Awards ..... James Alexander Bryan III '83
Margaret Anne Noel '83
Shirley Thompson '83

American Medical Women's Association Awards, Class of 1983

Cristin Jane Babcock	Catherine Ann Cordero	Patricia Ann Johnson
Gail Shaw Belinsky	Marsha Gay Frazelle	Jocelyn Marie Pyles
Sharon Steele Burton		

MAP International Fellowship ..... William John Bicket II '83

The Heusner Pupil Award ..... Keith Cameron Nichols '83

The William deB. MacNider Award ..... Majorie Pearsall '85

Morehead Fellows, Class of 1986

Christopher Llewellyn Karp	Ari Mark Lieman	Jon Pointon Woods

Foreign Fellowships

Amanda Ingham Adler '86	Margaret Lynn Gulley '84	Thomas Earl Shook '84
James Porter Alexander '84	David Jeffrey Rawlings '84	Stephen Nelson Wall '86
James Andrew Bell '84	Michael Sheldon Richardson '86	Alan Barry Weiner '84
Steven Joshua Citron '84	Barbara LaTowsky Sheline '84	John Wiley Williams Jr. '84
Mark David Gershman '85	Jonathan Lee Shelme '84	Thomas John Zuber '83
Stephen Eric Gitelman '84		

Residency placements

Pittsburgh: Montefiore Hospital
Audrey Marie Urbano (transitional)

RHODE ISLAND
Providence: Miriam Hospital
Claude McFarlane (internal medicine)

TENNESSEE
Nashville: Vanderbilt University Affiliated Hospitals
David Linwood Edwards (internal medicine)
Gary Thomas Podgorski (radiology)
Alan Wesley Purvis (internal medicine)
Sally Bryna Slome (internal medicine)

TEXAS
Galveston: University of Texas Medical Branch Hospitals
Jocelyn Marie Pyles (radiology)
Houston: Baylor College of Medicine Affiliated Hospitals
David Michael Huffman (internal medicine)
Randy Owen Kritzer (surgery)
San Antonio: University of San Antonio Teaching Hospital
David Keith Walmer (obstetrics-gynecology)

SOUTH CAROLINA
Anderson: Anderson Memorial Hospital
Rebecca McCarter Fore (family medicine)
Charleston: Medical University of South Carolina Teaching Hospitals
Robert Nelson Headley Jr. (internal medicine)
Walton Kirkham Syndor III (internal medicine)
Jessie Ann White (internal medicine)
Charleston: Naval Regional Medical Center
David William Jackson (family medicine)
Columbia: Richland Memorial Hospital
Aubrey Daniel Calhoun (internal medicine)
Ronald Wade Cottle (family medicine)
Thomas Cook Darrell (family medicine)
Greenville: Greenville Hospital System
Mark Craig Beck (transitional)
Greenwood: Self Memorial Hospital
Randy Gerald Robinson (family medicine)

VIRGINIA
Charlottesville: University of Virginia Medical Center
Pat Chappell Bryan (obstetrics-gynecology)
Marsha Gay Frazelle (pathology)
Roanoke: Roanoke Memorial Hospital
Maurice Francis Dana (family medicine)

WASHINGTON, D.C.
Washington: Childrens Hospital National Medical Center
Catherine Ann Cordero (pediatrics)
Washington: George Washington University Hospital
Douglas Marvin Hinson (anesthesiology)
Joanne Enriquez Sumpio (obstetrics-gynecology)
Washington: Georgetown University Affiliated Hospitals
Ann Gray Archer (pediatrics)
Washington: Howard University Hospital
Franklin Hargett (transitional)
Hermon Walter Smith III (pediatrics)
Washington: Washington Hospital Center
James Alexander Bryan III (internal medicine)
Thomas Titus Hunter (surgery)
James Duncan Ladd (internal medicine)

1982-83 honors and awards

Howard Holderness Fellowships, 1984

Thomas H. Bellhorn '87
Charles Bennett Cairns '86
Charles Louis Saltzman '85
Gregory Wayne Shipp '85
Curtis Lee Sutton '86
Jon Pointon Woods '86
Wilma Jean Wooten '86

Warwick Fellowships, class of 1985

Valda O'Ray Gibson
Terrence Dewitt Morton Jr.

The Judith Juklik Award ..... Pamela Prudence Golden '85

The W.R. Berryhill Merit Scholarship ..... James Charles Osborne '83

The Riggins Merit Scholarship ..... Keith Douglas Herzog '84

Alumni Merit Scholarships
Christopher George Koeppl '83
Donald Eugene Toothman '83
Mett Bagley Ausley '84
Robert Earl Wiggins '84
William Floyd Fleet III '85
Hilari Lanice Fleming '85

AOA, class of 1983
*Cristin Jane Babcock
Thomas Wyatt Benton
Sharon Steele Burton
Stephen Charles Cannon
Donald Wayne Carringer
*Douglas Winston Clark
*Catherine Ann Cordero
*Phillip Sheridan Dickey
George Carlton Finch Jr.
Marsha Gay Frazelle
*Carlton Avery Jenkins
*Patricia Ann Johnson
*Christopher George Koeppl
*Randy Owen Kritzer
Peter John Larson
*James Charles Osborne
*Andrew Romanowski
*Jerry Bryan Sloan
*Charles Stephen Stinson
Keith Shatteen Thompson
*Donald Eugene Toothman

*Elected junior year

AOA class of 1984
Barbara Blake Fawcett
Eli David Finkelstein
Michael Evan Garfinkel
Stephen Eric Gitelman
Stephen Davis Harris
Keith Douglas Herzog
Michael Joseph Knight
David Luther
Sappenfield
John Martz Schoffstall
Jean Gregory Taylor
Robert Earl Wiggins Jr.
Michael Nakhleh Zarzar

Doctor of Medicine with Honors
Douglas Winston Clark
Phillip Sheridan Dickey
Christopher George Koeppl
Peter John Larson
James Charles Osborne
Keith Shatteen Thompson
Donald Eugene Toothman

Basic science graduates

Biochemistry and nutrition:
Winifred Rader Curley
Kathleen C. Desjardins
Willard G. Harrelson Jr.
Stewart R. Jurgensen
Susan Patricia Maynard
Dougald McDougald Monroe
Richard Crawley Tarvers
David Hadley Viskochil
Robert William Viskup

Microbiology and immunology:
Timothy Jon Bolling
Mary Kathleen Dunn
Linda Groppe Eissenberg
Almyra Oveta Fuller
Melissa R. Haswell-Elkins
Duncan Charles Krause
Edward Ben Leof

Pathology:
Mary Sherman Baker
Samy Samuel Iskandar
Majorie Shearin Read

Pharmacology:
Katherine Marie Brooks
James Allen Crowell Jr.
Lori Ann Dostal
Daniel Stephen Saunders
Karen May Witkin

Physiology:
Gregory Kent Essick
Yung-Mae Margaret Yao

Neurobiology:
Lanny John Haverkamp
Daniel Brian Hoch

Biomedical engineering and mathematics:
Thomas Glenn Abernathy
Francis Hoi Chan
Benjamin Chen
John Gordon Eyles
Albert George Haddad
Geoffrey William Hilliard
John Scott Houston
Warren James Jochem
Mitchell Evan King
Robert Roosevelt Mercer
Patricia Ann Michael
Thomas Kenan Miller III
Robert David Pearlstein

Genetics:
Marla S. Babcock
Joel Carter Eissenberg
Eugene Lawrence Elmore
Yvonne-Francoise Roth
Charles Franklin Timmons
James W. Westmoreland

After a one-issue hiatus, the Medical Alumni Times returns with the fall issue which will feature descriptions of 1983-84 continuing medical education programs. Look for your copy in September.

Medical alumni activities

September		
10	Medical Parents Day	Berryhill Hall
16	Visiting Committee	Chapel Hill
17	Medical Alumni Fall Meeting	Chapel Hill
24	Co-Founders	Chapel Hill
April 1984		
6-7	Medical Alumni Weekend	Chapel Hill

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Medical Alumni Bulletin

VOLUME 29 FALL 1983 SCHOOL OF MEDICINE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

Our man in space

Special philanthropy section

CLINICAL SCIENCES BUILDING

Medical Alumni Bulletin

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Director, Medical Center
Public Affairs

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Behind the lines

Your editor's desk is covered with computer printouts generated by our recently completed medical alumni publications readership survey. Staff members of the medical alumni and public affairs offices, along with the members of the publications advisory board—the same people who designed the survey questionnaire—will take seriously what you told us as we plan future issues of the Bulletin and the Alumni Times.

Response to the survey was good. We had close to a 50 percent return, giving us 312 completed questionnaires. By and large, you gave us high marks, but there's always room for improvement, and you've helped us see what we can do to make your publications even more useful to you.

It was personally gratifying to learn how frequently this column is read. Since most of you, however, read other sections before turning back here to page 1 (I do the same thing), you may already have found the summary of the readership survey results on page 20.

This issue also includes a summary of highlights of 1982-83 in the School of Medicine. We think you will share in our pride in the accomplishments of your school. And you should, because so many of you help in many ways to make these accomplishments possible.

Those who provided financial support this past year are listed herein. In many cases, this support is one tangible expression of loyalty which also is manifest in the various ways medical alumni act as "ambassadors" for the school across the state and beyond.

The phone call from Paul Biggers, M.D. '63, on Aug. 31 was better than a second cup of coffee. He had just returned from Florida where he had watched his classmate Bill Thornton take off aboard the space shuttle Challenger.

"Bill asked me to send you his personal regards," Biggers reported.

Earlier in the month a couple of calls from Biggers had resulted in our being able to produce this issue's cover story. Bill Thornton has been our most visible and acclaimed medical alumnus in recent weeks. We had hoped to feature him in this issue of the Bulletin since the time it was first announced that Thornton would be a member of the crew for Challenger's third flight. But it was unlikely we could send any of our staff to Houston to interview him. Contracting with a Houston free lance writer was one alternative being considered, when Biggers let us know Thornton would be in Chapel Hill for a brief visit and would probably be glad to take the time for a Bulletin interview.

The result is the article that begins on the next page.

—JWB

'Major interests' led Thornton through medical school and i

Alumni return to the alma mater at all times of the year, for a number of different reasons, under a variety of circumstances, from all parts of the nation and the world. They come for informal visits, for continuing education, for ball games. Sometimes it's just an impulse to jump in the car and drive to Chapel Hill, if only for a short visit.

Dr. William Thornton (M.D. '63) recently made one of the those quick trips to Chapel Hill in the midst of a busy schedule, but it wasn't on impulse. Nor, for that matter, did he depend on his car for the trip. He came to Chapel Hill to consult with classmate Dr. Paul Biggers. Thornton's schedule was extremely tight—he was only three weeks away from a space flight. It's a long way from Houston to Chapel Hill for the relatively earthbound. But for an astronaut with more than 2,500 hours of jet flying time, it's a trip around the block. So Thornton hopped in a jet for the day trip.

Thornton's upcoming flight aboard the Challenger space shuttle would be his first space flight since joining the National Aeronautics and Space Administration in 1967. It would be a historic flight because the crew also would include Dr. Guion S. Blueford Jr., the nation's first black astronaut. It would be of special interest to North Carolinians and UNC-CH alums, because Thornton is the School of Medicine's first (and so far, only) astronaut. Biggers would be present for both the launch and landing.

During the flight, Thornton would

Paul Biggers (left) and Bill Thornton, both M.D. '63, examine physiologic data obtained during the second flight of the space shuttle Challenger. Some three weeks later, the subject of similar information from Challenger's third flight would be Thornton himself.

63, o space

continue his studies of space adaption syndrome. In preparation, he studied physiologic readings obtained from previous space flights. Biggers, who's Joseph Palmer Riddle distinguished professor of surgery in otolaryngology, and Dr. Grady Thomas, associate professor of surgery in the same division, helped interpret the data.

The scrolls containing these readings covered the table in Biggers' office as Thornton took a short break to talk with the Medical Alumni Bulletin editor. The NASA flight suit in which Thornton had arrived hung on the back of the door to the hall, and in his suit and tie, the astronaut looked like your average bespectacled, 54-year-old doctor in excellent physical condition. The enthusiasm that he must have applied to scientific projects since his teen years was evident as he talked about his work.

"When you put the human body in space, where everything is vastly different, there is an effect on all the body's systems. So it has to adapt," Thornton said. "And it does adapt beautifully."

The cardiovascular, muscular and skeletal systems adapt easily, he noted, while the neurological system is slower to adjust. "There is a brief—and I emphasize brief—and transient period during which one may experience symptoms similar to malaise.

"I am trying to make a broad representational study of the neurological system as it adapts to space, and I'm adapting the tools on earth that we can't talk about flying in present day space crafts."

So for a little more than a year, Thornton has been "putting together the kind of (monitoring) system that Paul and Grady have here on earth," albeit on a smaller scale. "I turned to the best clinicians I know. There, of course, have been other inputs, but theirs has been among the most valuable."

Earlier he had searched the medical literature and found some of the more useful information included in neuroanatomy texts. This brought to mind lectures Thornton had heard in medical school, including what he had learned from Dr. Warner Wells about fluid shifts.

Thornton has monitored other space flights and has "spent years in simulation for space flight." On Aug. 30 Thornton gained the distinction of becoming the oldest man in space. But more importantly, it gave him a chance to gather his own data firsthand. And, besides, nobody becomes an astronaut to stay on the ground.

Thornton became an astronaut, he said, because of the "two major interests in my life: airplanes—I never could let an airplane fly over without looking up at it—and science—especially physics and electronic instrumentation."

After graduating from UNC-CH in 1952 and serving a term in the U.S. Air Force, Thornton was interested in pursuing electronics in medicine, but found few people who had even given any thought to such a field.

One place they did know what he was talking about was a neurological lab at Massachusetts General Hospital, and Thornton almost went to work there. Another place he could pursue his interest was at the new hospital in Chapel Hill. So in 1955 he went to work at North Carolina Memorial with Dr. Ernie Craige, Dr. David Davis and a visiting professor named Dr. David Jones.

"I decided that to pursue this interest further, I should go to medical school," Thornton said. "I worked for a while and entered medical school in 1959." During that time of working, Thornton started an electronics company. He started another after he was in medical school. "Both are very successful today," he said.

Relying on his skill and knowledge in electronics, Thornton as a teenager had helped support his widowed mother, and had worked his way through college. This industriousness continued through medical school, as did his accomplishments as an inventor. (He holds some 35 patents, 15 for space-related equipment.)

"I was always interested in monitoring," he said. "And remember, this was before everyone with chest pains got an EKG." One invention Thornton created in medical school was a prototype device used to analyze the EKG, which "led to our ability to have arrythmia alarms," Biggers noted.

Because it took Thornton six months longer than expected to finish his device, he claims to have "earned the enmity of the whole department of medicine" while they waited for the instrument.

Craige, now Henry A. Foscue distinguished professor of cardiology, said recently that Thornton "showed talents early on that have come to fruition" in his work with NASA.

"He was very interested and knowledgeable in medical physics and transmission of physiologic data." Craige recalled that while Thornton was in medical school, the then future astronaut helped devise the first equipment for electrocardiographic radiotelemetry. "A paper published on his work," Craige said, "was years ahead of its time." Given this early interest in and work with transmission of physiologic data, "it's not surprising that a few years later he would find himself in the astronaut business where this is a prime consideration."

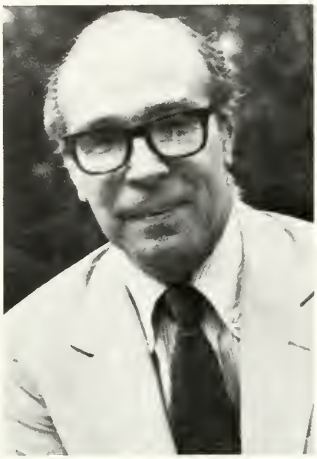
After completing medical school, Thornton spent a short time "as a very junior faculty member here," he said. "Then Al Shepherd went into space and I lost my head and decided I had to try it."

He was too old for the first selection of NASA astronauts, but he was selected with the second group when the age requirement was waived. His trips back to Chapel Hill since 1967 have included training sessions at the Morehead Planetarium, where many of the astronauts have studied the stars.

In a sense, Chapel Hill went with him into space. On board Challenger with Thornton were several mementos of the University. In honor of his long standing ties with the School of Medicine, Thornton took with him one of the school's silver centennial coins.

"I'm glad I maintained the ties—though I haven't been able to as much as I would liked," he said during his pre-flight visit to the School of Medicine. "It's pretty comforting to reach back and work with people you know and trust. There's unique expertise back here."

Dean's page



The past summer has been so busy and eventful for the School of Medicine that I would like to use these lines to mention a few of the developments which I believe will be of general interest.

In June, Drs. Romulo Colindres and William Mattern presented the final report of the three-year long curriculum review to the entire faculty of the School of Medicine and the new curriculum was adopted by a very substantial vote of the faculty. I share the view of the great majority of the faculty that the new curriculum represents a substantial and reasoned adaptation to changing needs in medical education while retaining the proven and traditional virtues of the past. We will have more on the curriculum in future issues of the Bulletin.

One of the most important improvements in the new curriculum, I think, is that its design includes provision for continuing review and evolution. To accomplish this and to assure effective implementation of the new curriculum the position of associate dean for academic affairs has been created. I was pleased to announce in midsummer the appointment of Dr. William Mattern to that position. Dr. Mattern is an outstanding clinician and teacher with a strong record in research in the field of nephrology. He brings the perspectives of the experienced clinician and teacher to our academic programs.

Starting in the late spring and moving briskly forward during the summer has been the institutional planning process under the skilled leadership of Dr. Eugene Mayer. Having now consulted with a large number of people in the School of Medicine and across the state and nation, Dr. Mayer is leading the planning committee in the distillation of ideas and perspectives to serve as a guidelike master plan for the school of the next five to 10 years. The work of this committee is letting us identify both opportunities and needs so that we can pursue each in an orderly way. Included in the planning enterprise are such large and substantial areas as planning for strengthening our work in the field of oncology, providing increasing emphasis on prevention in the educational programs of the medical school, and adapting our operational systems and teaching programs to the full and appropriate use of computers and modern means of information processing.

During the summer, the General Assembly of the state of North Carolina completed its work with several actions of very great importance to the School of Medicine. Two of the most significant were the relief of the freeze on faculty salaries and the authorization and appropriation for the construction of a critical care facility for North Carolina Memorial Hospital. Our critical care units had reached a state of obsolescence such that several of them had been withdrawn from use in our teaching programs to the serious disadvantage of our students. The recent action of the General Assembly assures us of a facility for teaching and patient care in the setting of critical illness.

Early in the summer the committee to search for a new chairman of the department of anesthesiology to succeed Dr. Kenneth Sugioka reported to me and, by late summer I was able to recommend the appointment of Dr. Robert Vaughan, then professor of anesthesiology at the University of Arizona School of Medicine, to this position. Dr. Vaughan's appointment was approved Sept. 9 by the Board of Governors. Dr. Vaughan is an outstanding anesthesiologist who has been a most popular and effective teacher in every institution with which he has been associated. He assumed his post here Oct. 1.

Also during the summer, Dr. Thomas Curtis decided that after 10 years of service as chairman of the department of psychiatry, he preferred to return to his personal primary professional interests. Dr. Curtis completed his term of office on Sept. 30, and Dr. Arthur Prange has agreed to serve as interim chair.

Tom has given fine leadership to the department for about one third of its total history. He has been involved in the education of scores of psychiatrists and he has contributed substantially to the mental health enterprise of the state in many ways. I am delighted that Dr. Curtis will continue to contribute to the department and the school and the state in many ways.

Highlights of 1982-83

- During the year a special task force completed a comprehensive and lengthy review of the medical school curriculum—the first such review in more than a decade. The task force was co-chaired by Drs. William D. Mattern and Romulo E. Colindres and involved more than 200 faculty, administrators, students and alumni. A number of substantive changes were recommended. Those recommendations have been reviewed thoroughly by the entire faculty and approved for implementation beginning with the fall semester in 1984.

- Following the report on the curriculum the office of associate dean for academic affairs was created to implement the new curriculum and to provide ongoing curriculum management. Dr. William D. Mattern was appointed to that office.

- The excellent quality of our medical graduates was again illustrated by the results of this year's National Residency Matching Program: 59 percent of the students received their first choice and 80 percent received one of their first three choices. Primary care residencies were chosen by 62 percent of the graduates.

- The medical technology student team won the State Medical Technology Student Board Contest and went on to place second in the Southeastern United States Regional Finals in Fort Lauderdale, Fl.

- After a thorough study, it was determined that radiation therapy has evolved nationally, and in this institution, to a completely separate entity from diagnostic radiology. Therefore, a decision has been made to establish a separate department of radiation oncology as soon as it is fiscally feasible to do so.

- The name of the department of bacteriology and immunology was changed to the department of microbiology and immunology to describe more correctly the breadth of the department and to make the department more visible to prospective graduate students.

- The school, in cooperation with North Carolina Memorial Hospital, established a self-insurance program for malpractice. The projected value to the school over the first five years is estimated at $900,000 in current dollars.

- A Cystic Fibrosis Research Center was established with a five-year $1,125,000 grant awarded by the Cystic Fibrosis Foundation. Gov. James B. Hunt Jr. accepted the grant on behalf of the State and the University. Dr. Phillip Bromberg, professor of medicine and chief of the division of pulmonary diseases, was named director of the center.

- The department of obstetrics and gynecology, in cooperation with N.C. Memorial Hospital, opened a clinic for *in vitro* fertilization and achieved the first successful "test tube" pregnancy in North Carolina.

- A team of physicians, led by Dr. John W. Seeds, assistant professor of obstetrics and gynecology and radiology, were among the first in the nation to perform surgery on fetuses still in their mothers' wombs. The procedure is done to correct abnormalities which threaten the babies' lives.

- North Carolina Memorial Hospital was designated as a "level-one" regional trauma center by the N.C. Office of Emergency Medical Services.

- Nearly 500 people attended Goodlife seminars presented as a community service by members of the medical school faculty.

- N.C. Memorial Hospital began allowing children to be present at the birth of a sibling if the family wishes. Children are only allowed in the "homestyle" labor-delivery rooms and must have attended orientation sessions.

- The inaugural Spicer-Breckenridge Memorial Lecture was delivered by Chancellor Christopher C. Fordham III during Medical Alumni Weekend. The lecture was established by members of the medical class of 1939 in honor of two classmates who were killed in World War II.

Outside support

- The school continues to attract substantial and increasing support from outside sources:

Federal grants and contracts	$31,113,519
Non-government gifts, grants and contracts	6,826,625
Scholarships and loans	
Federal $1,452,802	
Non-federal 1,872,989	3,325,791
	$41,265,935

- Private contributions to the Medical Foundation of North Carolina, Inc., totalled $1,539,385, a 50 percent increase over 1981-82. The number of givers rose 22 percent to 1,288.

- The Robert Wood Johnson Clinical Scholars Program received $1 million to fund another three-year term for the program.

- The Comprehensive Hemophilia Diagnostic and Treatment Center received a one-year $95,000 grant from the Federal Bureau of Health Care Delivery and Assistance.

- Construction of the Lineberger Cancer Research Center building moved ahead of schedule. The center was one of four cancer centers in the nation to receive construction funds in 1982 from the National Cancer Institute. The UNC-CH center received a matching grant of $219,010. Other awards to the center included a $158,000 grant from the American Cancer Society and a $25,000 contribution by the N.C. National Bank. In addition the ACS renewed the UNC-CH institutional research grant for $60,000.

Research

Results of medical research announced during the year included:

- A "donor specific transfusion" technique has been developed by physicians here and at several Southeastern centers, which has dramatically improved the success rate of kidney transplants in children. Members of the kidney transplant team are Dr. Stanley Mandel, professor of surgery, Dr. James Mandell, assistant professor of surgery and pediatrics, and Dr. Richard Morris, associate professor of pediatrics.

- Surgeons discovered a simple, effective way to reduce the risk of infection associated with arterial graft operations. Dr. Steven J. Burnham, associate professor of vascular surgery at UNC-CH, Dr. Thomas Powell, a vascular surgeon in Concord and Dr. George Johnson Jr., chief of the UNC-CH division of vascular surgery, suggest that soaking the artificial artery with an antibiotic known as Rifampin can ward off the threat of infection for as long as 24 hours.

- Dr. H. Shelton Earp, associate director of the Cancer Research Center, and Dr. Richard Rubin, reported that a popular home remedy for muscle and arthritis pain, DMSO, activates an enzyme that may regulate the growth of certain cells.

- Scientists at UNC-CH have found that a few cases of incapacitating mental illness may be caused by a hidden vitamin B-12 deficiency and can be treated successfully by supplements of that vitamin.

- A study concerned with heart attacks and exercise showed strong new evidence that vigorous physical activity, performed regularly, helps protect a person against sudden death from heart attack.

- Hibernation was studied by Dr. R. O. Myers, professor of psychiatry and pharmacology, and his colleagues, who found that monkeys will exhibit some of the characteristics of hibernation if they are injected with the extract from the blood of an animal which normally hibernates. The findings of this study may one day be applied to human use to treat diseases involving fever, obesity and high blood pressure and possibly to replace conventional drug-induced anesthesia.

- Dr. Lorcan O'Tuama and a team of medical researchers identified a possible cause for the brain failure which often accompanies the neurological disease called Reye's Syndrome. Others involved included Dr. Douglas Mann and Chung S. Kim of UNC-CH, and Dr. Charles Rowe of Duke University Medical Center.

Faculty honors

- Dr. Floyd W. Denny Jr., alumni distinguished professor of pediatrics, received the N.C. Award of Science.

- The preclinical educational building was renamed in honor of Dr. Kenneth M. Brinkhous and the late Dr. James B. Bullitt.

- Dr. Clayton E. Wheeler Jr., professor and chair of dermatology, assumed office as president of the American Dermatological Association.

- Dr. John T. Sessions, professor of medicine, was elected vice president of the American College of Physicians.

- Dr. Colin G. Thomas Jr., was named the first recipient of the Mr. and Mrs. Sanford Doxey Jr. Distinguished Professorship in Surgery.

- Dr. William Droegemueller, chair of obstetrics and gynecology, was named Robert A. Ross distinguished professor of obstetrics and gynecology.

- Dr. Watson A. Bowes Jr., was named Upjohn distinguished professor of obstetrics and gynecology.

- Dr. Richard V. Wolfenden, professor of biochemistry, was elected a fellow of the American Association for the Advancement of Science.

- Dr. Carl W. Gottschalk, Kenan professor of medicine and physiology, was appointed to a four-year term on the National Arthritis, Diabetes, and Digestive and Kidney Diseases Advisory Council.

- Dr. Eszter B. Kokas, professor emeritus of physiology, and Dr. Margaret L. Moore, professor emeritus of physical therapy, were among the five recipients of the Distinguished Service Award.

- Dr. William J. Cromartie, alumni distinguished professor of microbiology and medicine and associate dean, received the Medical Alumni Association's Distinguished Faculty Award.

- Dr. Paul L. Munson, Sarah Graham Kenan professor emeritus of pharmacology and endocrinology, was presented the William F. Newman Award of the American Society for Bone and Mineral Research.

- Dr. William N. P. Herbert, assistant professor of obstetrics and gynecology, received a Distinguished Young Alumnus Award from Elon College.

- Dr. George R. Breese, professor of psychiatry and pharmacology, and Dr. Robert Utiger, professor of medicine, were included in a list of the 1,000 most cited contemporary scientists, compiled by the Institute of Scientific Information in Philadelphia.

- Dr. David S. Citron, clinical professor of family medicine, was honored by his department with the establishment of a named lectureship.

- Dr. Mary Ellen Jones, Kenan professor and chair of biochemistry and nutrition; Dr. John C. Parker, professor of medicine; and Dr. John C. Herion, professor of medicine, were among those invited to speak at international professional meetings abroad.

- Dr. Kenneth F. Bott, professor of microbiology and immunology, was awarded a Fulbright grant, enabling him to conduct genetics research in France.

- Dr. John P. Perkins, professor and chair of pharmacology, was granted a Kenan leave to study the basics of recombinant DNA technology at the National Cancer Institute.

- Dr. Frank C. Wilson, professor and chief of the division of orthopedic surgery was named chairman of the Council of Academic Societies of the Association of American Medical Colleges.

- Dr. Benson R. Wilcox, professor and chief of the division of cardiothoracic surgery, was named president-elect of the Thoracic Surgery Directors Association. He also was named to the executive committee of the Council on Cardiovascular Surgery of the American Heart Association.

- Dr. Cecil G. Sheps, Taylor Grandy distinguished professor of social and administrative medicine, received one of the University's 1983 Thomas Jefferson Awards.

- Drs. Robert L. Reddick and Gene P. Siegal, assistant professors of pathology, received Junior Faculty Clinical Fellowships awarded by the American Cancer Society.

- Dr. Larry W. Arnold, research assistant professor of microbiology and immunology, received a $37,000 fellowship from the Leukemia Society of America.

- Dr. Roy R. Hantgan, assistant professor of biochemistry and nutrition, received a five-year Established Investigatorship Award from the American Heart Association.

- Dr. Robert S. Greenwood, assistant professor of neurology, received a five-year Teacher-Investigator Award from the National Institute of Neurological and Communicative Disorders and Stroke.

Key appointments, reappointments

- Dr. Stuart Bondurant was named to a second five-year term as dean beginning in 1984.

- Dr. Thomas F. Boat assumed the chair of the department of pediatrics.

- Dr. Robert C. Cefalo was named assistant dean and head of the Office of Graduate Medical Education.

- Dr. Hugh D. Peterson, former chief of plastic surgery at Walter Reed Army Medical Center, was named director of the North Carolina Jaycee Burn Center.

- Dr. Eugene S. Mayer was reappointed director of the N.C. Area Health Education Centers Program.

- Dr. David E. Eifrig was reappointed chair of ophthalmology.

- Drs. Colin G. Thomas Jr. and Thomas E. Curtis announced their intentions to step down from the chairs of the departments of surgery and psychiatry, respectively.

International involvement

- To support, facilitate and enhance the growing international involvement, the School of Medicine has established an Office of International Affairs. The office serves as a locus for all international endeavors, coordinating its efforts with other international offices/programs at UNC-CH.

  Faculty members have recently engaged in cooperative endeavors and, in many cases visited colleagues in Africa (over 14 countries), Argentina, Brazil, Burma, Canada, China, Czechoslovakia, Denmark, East and West Germany, France, Greece, Haiti, Hungary, India, Ireland, Israel, Jamaica, Japan, Kuwwait, Mexico, Scotland, Sweden, Switzerland, Taiwan, USSR, US Virgin Islands. Additionally, departments or individuals within the medical school have been host to foreign scholars to engage in collaborative research or receive advanced specialized training. A sampling of the countries involved includes: China, Egypt, France, Israel, Italy, the Netherlands, Poland, Spain and Thailand. In 1982-83 medical students have increasingly expressed a desire to broaden their educational experience through exchanges or service abroad. Specific requests and activity involved: Africa, Brazil, Chile, the Carribbean basin, England, India and Israel.

- The program for International Training in Health (INTRAH) had active projects with ministries and educational institutions under way in Egypt, Tunisia, Morocco, Gambia, Senegal, Mali, Sierra Leone, Nigeria, Upper Volta, Swaziland, Cameroon, Zaire, Turkey, Tanzania, Kenya, Rwanda, and Somalia. Technical assistance and project planning visits were made to Zambia, Zimbabwe, Mauritania, Guinea, Yemen and Congo. The focus of active projects and technical assistance was mainly in the area of strengthening the countries' capabilities to train, deploy and supervise more effectively those health workers who provide services at the basic—primarily rural—levels. Some 1,600 tutors, managers and program administrators were trained in 1982-83; they in turn were involved in training approximately 7,000-9,000 service providers.

The highlight of each year for the Medical Alumni Association is Medical Alumni Weekend. Here, members of "The Medical Instruments" perform during the 1983 alumni banquet. The Loyalty Fund supports activities such as alumni weekend.

Alumni support increases

The uncertainties of the nation's economy did not hinder expressions of medical alumni loyalty during 1982-83. The number of alumni contributors to the School of Medicine was up six percent over the previous years; the amount contibuted increased 27 percent.

During the year, 811 alumni contributed $354,346. The average gift in 1982-83 was 23 percent larger than the average for 1981-82.

Gifts to the Loyalty Fund totaled $55,558.50. The Loyalty Fund, the sole means of support of the Medical Alumni Association, provides unrestricted funds used for student scholarships and programs, publication of the Medical Alumni Bulletin and Alumni Times, and association activities such as Medical Alumni Weekend.

Designated gifts this past year included contributions to the Spicer-Breckenridge Memorial Fund, established by the class of '39, and the Class of '72 Scholarship Fund. Alumni and friends contributed nearly $15,000 for these projects. Other designated gifts received through the Medical Alumni Office amounted to an additional $15,000.

Many alumni and friends also support the School of Medicine through the Co-Founders' Club and special projects of the Medical Foundation. Giving through the foundation this year was up by 50 percent, topping $1.5 million.

The Loyalty Fund drive is a component of the campus-wide Carolina Annual Giving (CAG) campaign which raised a record $2.8 million in 1982-83.

The 1983-84 drive is now under way, and many individuals will want to make contributions before the end of the calendar year. Gifts to the Loyalty Fund should be sent payable to CAG, designated for the Loyalty Fund.

Anyone interested in the Co-Founders' Club or special projects of the Medical Foundation may contact the Medical Foundation, 229 MacNider 202H, Chapel Hill, N.C. 27514, (919) 966-1201.

Those who supported the School of Medicine during 1982-83 through the Loyalty Fund, the Co-Founders' Club and special contributions are listed on the following pages. Every effort has been made to ensure accuracy. If errors or omissions have occurred, the editors apologize in advance.

Contributors to the Loyalty Fund provide support for student aid, research projects, special needs of the dean's office and alumni programs. Those who contributed to the Loyalty Fund during 1982-83 are listed below. Also listed are alumni and friends who contributed to special class projects and who have made designated gifts to the School of Medicine.

Class of 1916

Fred C. Hubbard, North Wilkesboro

Class of 1917

K. Hubert Bailey, Arlington, Va.
Frank B. Marsh, Salisbury

Class of 1919

Kenneth B. Geddie, High Point

Class of 1925

J. Donald MacRae, Dunedin, Fla.
Donald P. Ross, Niagara Falls, N.Y.
James H. Wall, White Plains, N.Y.

Class of 1926

Forest N. Houser, Cherryville
H. William Primakoff, Baltimore
Marvin R. Richardson, Raleigh

Class of 1927

John S. Rhodes, Raleigh

Class of 1928

William C. Highsmith, Winston-Salem
Charles W. Robinson Jr., Charlotte
S. Glenn Wilson Sr., Angier

Class of 1929

Vance T. Alexander, Ridgewood, N.J.
Alexander C. Dick, Chestertown, Md.
Paul K. Perkins, Chapel Hill
David A. Young, Raleigh

Class of 1930

Hubert L. Clapp, Swannanoa
Roscoe B.G. Cowper, Big Spring, Texas
Rufus R. Little, Ho Ho Kus, N.J.

Class of 1931

James M. Alexander, Charlotte
Ralph B. Garrison, Hamlet
Lewis M. McKee, Durham
William S. Wall, Rocky Mount
J. Allen Whitaker, Rocky Mount

Class of 1932

Jefferson Davis, Myrtle Beach
John H. Dougherty Sr., Fairfield Glade, Tenn.
Howard Q. L. Little, Gibsonville
Thomas J. Taylor, Roanoke Rapids
Robert E. Stone, Evanston, Ill.

Class of 1933

Joseph R. Strauss, Port Washington, N.Y.
Arthur F. Toole, Talladega, Ala.
James Watt, Ely, Vt.

Class of 1934

A. L. Barringer, Mt. Pleasant, S.C.
Frances E. Brennecke, Rockville, Md.
June U. Gunter, Durham
William O. Johnston, Mooresville
Seny B. Lake, Canterbury, N.H.
Robert L. McDonald, Thomasville
Willis B. Mitchell, Hendersonville
Thomas C. Worth, Raleigh

Class of 1935

Thomas A. Henson, Greensboro
Fred G. Patterson, Chapel Hill
Hubert C. Patterson, Chapel Hill
James C. Peele, Kinston
H. Mack Pickard, Wilmington
Irvin M. Shevick, Encino, Calif.

Class of 1936

Samuel B. Balis, Maplewood, N.J.
Sherwood W. Barefoot, Greensboro
Leo Esbin, Wantagh Long Island, N.Y.
Robert M. McMillan, Southern Pines
Laura Ross-Venning, Chapel Hill
Otto S. Steinreich, Akron
Annie L. Wilkerson, Raleigh

Class of 1937

Elizabeth J. Dotterer, Sanford
Arthur J. Sims, Arlington

Class of 1938

Olivia Abernethy, Greensboro
Thomas W. Crowell, Bellingham, Wash.
John C. Grier Jr., Pinehurst
Robert B. Lindsay, Chapel Hill

Class of 1939

(see also Special Projects, below)

Jesse Appel, Kew Gardens, N.Y.
Edwin A. Rasberry Jr., Wilson
Mack Simmons, Waverly, Ga.

Class of 1940

Phil L. Barringer, Monroe
Inez W. Elrod, Huntersville
Henry C. Guynes Jr., Rockwall, Texas
French H. McCain, Bloomfield Hills, Mich.
David L. Pressley, Statesville
John L. Ranson Jr., Charlotte
John H E. Woltz, Charlotte

Class of 1941

Jack Hughes, Durham
Frederick L. Tunick, Neponsit, N Y.

Class of 1942

Jerry H. Allen Jr., Springfield, Mo.
Frederick A. Blount, Winston-Salem
James E. Davis, Durham
Louis D. Hayman Jr., Jacksonville
William E. Hoy Jr., Ashland, Ky.
John H. Miller, Bartow, Fla.
Charles L. Putzel Jr., Selma
William Tenenblatt, Silver Spring, Md.
R. Bertram Williams Jr., Wilmington

Class of 1943 March

Julian T. Brantley, Greensboro
David S. Citron, Matthews
James B. Greenwood Jr., Charlotte
William N. Hubbard Jr., Kalamazoo
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Dean Stuart Bondurant congratulates Julia Ogden Lunsford, the first recipient of the Edwards Distinguished Scholarship. This merit award was established by the families of Kenneth R. Edwards and A.L. Hobgood Jr. The scholarship covers full expenses for all four years of medical school. One award will be granted annually so that eventually four Edwards scholars will be enrolled each year. Lunsford is a first-year student from Burlington.

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Dr. Henry T. Clark Jr., C. Med. '39 (right), presents the Spicer-Breckenridge Memorial Fund to the School of Medicine, represented by Dean Bondurant. The class project honors two members of the class of 1939 who were killed in action in World War II. This presentation took place during Medical Alumni Weekend last March. A portrait of the late Dr. Arnold Breckenridge hangs in the background.

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Noel McDevitt, M.D. '64 (left), and Gregory Strayhorn, M.D. '78, were among those attending this fall's "Family football weekend," sponsored by the Medical Alumni Association. Strayhorn is association secretary and McDevitt serves on the alumni council. For more fall weekend photos, see page 19.

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This portrait of the late Dr. Paul F. Whitaker, a prime mover in North Carolina's "Good Health Program" was unveiled in a special ceremony this fall. Commissioned by the Medical Foundation, the portrait now hangs in the family medicine conference room here.

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Grady M. Stone, '75, High Point; David G. Stroup, '46, East Point, Ga.; Dr. and Mrs. B. Sumpio, Clinton; Dr. and Mrs. John P. Surratt, '71, Clinton; Dr. and Mrs. Richard C. Taft, '72, Greenville; Dr. and Mrs. David T. Tayloe Jr., '74, Goldsboro; Dr. and Mrs. William H. Taylor, '63, Rockledge, Fla.; D.T. Tayloe, Washington; Dr. and Mrs. William S. Teachey, Virginia Beach; Eleanor W. Temple, Kinston.

Colin G. Thomas, Chapel Hill; Dr. and Mrs. Henry C. Thomason, '67, Gastonia; Herman O. Thompson, '68, Columbia, S.C.; Dr. and Mrs. R. Tolson, Elizabeth City; Marguerite E. Tracy, Charlotte; Dr. and Mrs. Belk C. Troutman, '50, Grifton; Dr. and Mrs. H. Durwood Tyndall, '54, Goldsboro; Dr. and Mrs. P. Burt Veazy, '60, Sarasota; Dr. and Mrs. James G. Wall, '82, Burlington; Dr. and Mrs. J.M. Watson, Elizabeth City.

Dr. and Mrs. William J. Weatherly, '70, Greensboro; Anita S. Westafer, '79, Pensacola, Fla.; Dr. and Mrs. John E. Weyhar, '46, Goldsboro; Dr. and Mrs. Thomas E. Whitaker, '46, Greenville, S.C.; Dr. and Mrs. Robert W. Whitener, HS '58, Greensboro; Dr. and Mrs. Kenneth W. Wilkins, '43, Goldsboro; Dr. and Mrs. C.F. Willson, Greenville; Dr. and Mrs. A.R. Wilson, Gastonia; Roger M. Winborne, '46, Roanoke, Va.; Dr. and Mrs. John L. Winstead, '22, Greenville.

Dr. and Mrs. Dexter T. Witherington, '46, Kinston; Beverly Woodard, Wilson; Dr. and Mrs. John A. Young, '60, Charlotte; Dr. and Mrs. A. Zealy, Goldsboro; Dr. and Mrs. John W. Zirkle, '70, Jefferson City, Tenn.; and Internal Medicine Associates, Roanoke, Va.

Also, the Women's Auxiliaries of Avery County, Bladen County, Buncombe County, Catawba County, Cumberland County, Guilford-High Point, Hartley, Texas, Iredell County, Johnston County, Lenoir-Greene Counties, Mecklenburg County, Moore County, New Hanover County, Orange County, Pitt County, Sampson County, and Watauga County.

Former deans Ike Taylor (center) and Chris Fordham, C. Med. '49 (right) were honored in a special portrait unveiling ceremony, Friday evening, Sept. 16. Playing major roles in the proceedings were Barbara Fordham and Sue Taylor (middle photos, left and right, respectively), wives of the honorees.

The next day, alumni and their families feasted on a freshly barbecued pig while the "Moondogs" provided musical entertainment.

Here's what you said about your publications

Most alumni read at least some of each issue of the Medical Alumni Bulletin and Alumni Times, and they generally like both the look and the content of the publications. About three-fourths say the medical alumni publications are their primary source of information about the School of Medicine and North Carolina Memorial Hospital.

They want to read more about fellow alumni, though not particularly about visits to other countries. They think the Bulletin and Times do a pretty good job of telling them about the medical center, though many want to know more about specific departments and programs. They're quite interested in reading about research and key academic appointments.

These are among the findings of a recent medical alumni publication readership survey. Some 650 questionnaires were sent to a scientifically selected sample of M.D. and C.Med. recipients, former house officers and basic science graduates. There were 312 questionnaires returned, 52.3 percent from M.D. recipients, 17.8 percent from former housestaff, 15.5 percent from C. Med. recipients and 14.5 percent from basic science graduates. They were evenly divided between alumni living in North Carolina and those living out of state.

Some 70 percent read some, most or all of each issue of the Bulletin, while 25 percent skim through. Readership is a little lower for the Alumni Times: 52 percent read at least some, and 37 percent skim.

Three-fourths of the Bulletin readers rate the typical issue as good overall; another 23 percent say it's very good.

How much of each issue do you usually read? (Percentage of respondents per answer given. Percentages may not total 100 due to rounding.)

	Bulletin	Times
None	4.7%	10.7%
Skim through	25.2	37.3
Read some of it	35.9	24.0
Read most of it	29.2	22.9
Read all of it	5.0	5.2

In general, how would you rate the typical issue overall?

	Bulletin	Times
Very good	23.2%	10.8%
Good	74.3	80.1
Poor	1.8	8.7
Very poor	.7	.4

Seventy percent rate the typical Times issue as good, 11 percent as very good.

An overwhelming majority favor the present size and frequency of appearance of both publications.

About a third of the readers of both the Bulletin and Times share their copies with others, usually family members. About 13 percent share the publications with professional colleagues.

On a scale of 1 to 4 with 1 as "lowest" and 4 as "highest," the median scores given by readers to the quality of writing and photos, range and interest of subject matter, format and overall appearance all were slightly above or slightly below 3.

The publications have a two-fold objective: informing alumni about the School of Medicine and N.C. Memorial Hospital, and informing alumni about fellow alumni. Using the same four-point scale, readers gave the Bulletin a 3.09 and the Times a 2.89 for informing them about the institution. Scores for informing alumni about each other were lower—2.58 for the Bulletin, 2.61 for the Times.

About half of the Bulletin and Times readers (51 percent) usually turn to the class notes first. Forty-nine percent read class notes items about individuals in all classes that overlapped their own, 16.5 percent read items only from their own class year, 29.2 usually read all the class notes. Only about 5.5 percent never read class notes.

Two-thirds of the respondents say it doesn't matter to them whether class notes appear in the Bulletin or the Times. Of those to whom it matters, about half say class notes should appear in both publications.

The other regular sections also are well read. About 93 percent read "Extracts," "Dean's page" and "Behind the Lines" frequently or sometimes, while 85 percent read the publications' calendars at least occasionally.

The survey asked about representative articles or types of articles which appear in the Bulletin and Times to find out how likely alumni are to read them. Reports of research findings are the most likely to be read (91 percent of readers are quite likely or extremely likely to read such articles, and no respondents said they were not at all likely to read them), while announcements of non-medical administrative appointments are the least likely to be read (73.5 percent are not very likely or not likely at all to read them).

Slightly more than half (53 percent)

say they are not very likely or not likely at all to read an article about an alumnus' professional visit to another country. M.D. recipients tend to be less likely than other alumni to read these articles, according to the survey.

There was high interest in announcements of appointments of new departmental chairs (88 percent likely to read), with older alumni showing slightly higher interest than the average. Basic science graduates tend to be more likely than other alumni to read about research findings and the role of the basic science faculty, less likely to read about student activities and residency placements of recent graduates.

Older alumni are more likely to read lecture excerpts and about the basic science faculty than are younger alumni. Former house officers are less likely than other alumni to read about the basic science faculty.

Forty-four percent of the respondents want to receive more information about medical school programs and departments, while 52 percent want to continue receiving the same amount. C. Med. recipients were less likely to indicate they want more information about departments and programs, while basic science graduates were more likely to ask for more, compared with the entire sample.

Forty-one percent of those surveyed also want more about research and 40 percent want to hear more about medical school faculty, while slightly more than half the sample wants to continue receiving the same amount of information about each of these subjects. Basic science graduates tended to be among those who want more about each.

Alumni generally wanted more information about their own specific group, and less or the same about other groups. Basic science grads and former housestaff were less likely to want to know more about Medical Alumni Association activities than were M.D. and C. Med. recipients.

Medical alumni publications editor John W. Becton said he was pleased with the response to the survey. "Our readers have provided some very useful information about their publications. With the help of the advisory committee, we'll analyze all the information thoroughly and use it in planning future issues of the Bulletin and Times."

As a general rule, how do you rate each publication with regard to the following, on a scale of 1 to 4, with 1 as "lowest" and 4 as "highest"? (Median scores listed.)

	Bulletin	Times
Quality of writing	3.05	2.99
Quality of photos	3.00	2.93
Range of subjects covered	2.91	2.93
Interest of subject matter	2.87	2.85
Format	3.04	2.90
Overall appearance	3.11	2.89
Informing alumni about the medical center	3.09	2.89
Informing alumni about fellow alumni	2.58	2.61

Do you read the following sections frequently, sometimes or not at all?

	Frequently	Sometimes	Not at all
Class notes	23.8%	70.7%	5.5%
Extracts	52.8	40.7	.4
Dean's Page	49.0	44.3	1.2
Behind the lines	55.4	37.2	.4
Calendar	32.1	53.8	14.1

Please rate each of the following topics in terms of how likely you are to read about them.

	Extremely likely	Quite likely	Not very likely	Not at all likely
Professional visit of an alumnus to another country	9.4%	37.8%	39.4%	13.4%
Appointment of a new departmental chair	36.5	51.9	9.6	1.2
Report of significant research findings	41.8	49.4	8.8	0.0
Non-medical administrative appointments	3.9	22.2	48.6	24.9
Profile of an alumnus	19.3	54.8	23.9	1.9
Excerpts from the Whitehead Lecture	16.6	51.0	28.2	4.2
Story on student activities	11.2	48.8	36.2	3.8
Hospital placements of recent graduates	16.9	44.2	31.2	7.7
Role of the basic science faculty in the University	15.9	50.4	28.3	5.4

In general, would you like to receive more information, less information or about the same amount you now receive about each of the following?

	More	Less	Same
M.D./C. Med recipients	16.0%	12.7%	71.3%
Former housestaff	37.3	14.3	48.4
Basic science graduates	13.4	30.4	56.3
Faculty	39.8	5.6	54.6
Students	18.2	13.0	68.0
Research at UNC-CH	40.7	3.2	56.1
Alumni Association activities	22.8	11.4	65.9
Medical school programs and departments	44.0	3.3	52.7

Extracts

Medical scientists here have received a five-year, $1.6 million grant to study the transmission and effects of gonorrhea and the possible relationship between cytomegalovirus and acquired immunodeficiency syndrome (AIDS).

The funds, awarded by the National Institute of Allergy and Infectious Diseases, will enable the University to continue its work as one of the country's five specialized research centers for the study of sexually transmitted diseases.

The money will support the N.C. Program on Sexually Transmitted Disease which is directed by Dr. P. Frederick Sparling, professor and chair of the department of bacteriology and immunology.

In addition to Sparling, other researchers involved in the program are: Dr. James G. Cannon (Ph.D.'78), assistant professor of microbiology; Dr. Myron S. Cohen, assistant professor of medicine and microbiology; Dr. Eng-Shang Huang (Ph.D.'73), associate professor of medicine and microbiology; Dr. Shrinkant I. Bangdiwala, research assistant professor of biostatistics, School of Public Health; and Drs. John Baskar and Michelle G. Davis, research associates.

Huang, Baskar and Davis are all associated with the UNC-CH Cancer Research Center.

This is the second five-year period for which the UNC-CH program has received funding from the allergy and infectious diseases institute. The institute supports other sexually transmitted diseases research centers at the University of Washington in Seattle, the Johns Hopkins University in Baltimore, Emory University in Atlanta and Indiana University School of Medicine in Indianapolis.

Dr. Mary Ellen Jones, Kenan professor of biochemistry and nutrition, has been reappointed chair of the department of biochemistry and nutrition at the School of Medicine.

The five-year reappointment, effective Aug. 1, was announced by Chancellor Christopher C. Fordham III ('49) following approval by the Board of Trustees.

Jones received her Ph.D. in biochemistry from Yale University in 1951. She was named chair of the department of biochemistry and nutrition here in 1978. Jones served UNC-CH earlier as an associate professor and professor in the departments of biochemistry and zoology from 1966 through 1971. Jones, a distinguished biochemist, is a specialist in metabolism and its regulation. At Brandeis, Jones was a scholar of the American Cancer Society.

Researchers in the School of Medicine are developing a new technology to study the dynamic behavior of individual parts of single living cells.

The technology, called ultra low light level digitized video microscopy, will allow cell biologists to study the basic biological processes of living cells.

An increased understanding of the inner workings of normal cells will be invaluable in determining how these processes become altered in certain diseases such as cancer and atherosclerosis, according to Dr. Brian Herman, assistant professor of anatomy.

Herman and Dr. Ken Jacobson, associate professor of anatomy, are developing a microspectrofluorimetric facility at UNC-CH, one of few such facilities in the country. Herman recently received seed money from the N.C. Board of Science and Technology and the Whitaker Foundation to help continue support of the facility, which will be located in the department of anatomy.

The investigators said an important feature of the new technology is that it will permit cell studies while maintaining the normal functioning of a living cell.

Scientists in the Biological Sciences Research Center have discovered what they believe may be an important clue to the cause of Huntington's chorea.

They also have found new evidence that schizophrenia results from biological rather than psychological causes.

The scientists, whose research is reported in the Sept. 2 issue of the journal Science, have found abnormally high amounts of three chemicals responsible for relaying messages between nerves in brain tissue of people who died of Huntington's chorea. The neuropeptide chemicals, called neurotransmitters, are neurotensin, somatostatin and thyrotropin-releasing hormone.

The observed differences in neurotransmitter levels could suggest a variety of new approaches to researchers who are seeking an effective treatment.

The research team also analyzed samples of brain tissue that came from people who had died with schizophrenia. When those samples were compared with normal brain tissue, the scientists found that both somatostatin and thyrotropin-releasing hormone levels were reduced in the frontal part of the cortex—the outer layer of the brain—while neurotensin levels were elevated.

The investigators involved include Drs. Charles B. Nemeroff, William W. Youngblood, Paul J. Manberg, Arthur J. Prange Jr. and J. Stephen Kizer.

Two faculty members of the department of obstetrics and gynecology are editors of a new textbook called "Signs and Symptoms in Disorders of Pregnancy."

The text, recently published by J.B. Lippincott Co., was edited by Dr. Edward H. Bishop, emeritus professor of obstetrics and gynecology, and Dr. Robert C. Cefalo, professor and director of the division of maternal and fetal medicine.

The book is designed to help obstetricians recognize and differentiate maternal and fetal signs and symptoms which are indicative of a problem pregnancy from those that are normal physiologic responses to pregnancy. It includes contributions from 20 different specialists from throughout the United States.

Class notes

Manning-Berryhill Club

Charles Houston Gay, C. Med. '31, of Charlotte has retired from active practice of pediatrics and teenage medicine.

Max M. Novich, C. Med. '39, announces the establishment of the "National Advanced Center for the Scientific Study of the Examination and Care of Boxers" at United Hospitals Medical Center which is the first of its kind in the United States. The center will emphasize prevention and safety and that its mission will include the examination, care and research for dissemination of medical information on boxing in the United States and throughout the world.

William H. Moretz, C. Med. '37, has retired as president of the Medical College of Georgia (MCG). A Hickory native, Moretz was honored by his hometown in special ceremonies this spring. He received the key to the city and a mayoral proclamation set aside Thursday, May 26 in his honor. Moretz, who received the UNC-CH School of Medicine Distinguished Service Award in 1967, was president of MCG for 10 years.

William Tenenblatt, C. Med. '42, has given up obstetrics and has limited his practice to gynecology.

Charles E. Flowers Jr., C. Med. '43, chairman of the department of obstetrics and gynecology at the University of Alabama-Birmingham, was recently elected vice-president of the American College of Obstetricians and Gynecologists, a national medical organization representing nearly 24,000 women's health specialists.

40s

Luther Kelly, C. Med. '46, an endocrinologist with Nalle Clinic in Charlotte, was a keynote speaker at Mercy Hospital's Diabetes Workshop Sept. 1. This workshop, designed for RNs, LPNS, and physicians, dealt with management of the diabetic patient.

50s

Frank S. Johnston Jr., M.D. '59, announces that **W. L. Wells Edmundson, M.D. '80,** has joined his Raleigh practice of internal and critical care medicine.

60s

Leonard E. Reaves III, M.D. '61, is leaving the Veterans Administration Hospital in Boston to enter private practice of medicine and gastroenterology. He recently was certified by the American Board of Internal Medicine Subspecialty Board of Gastroenterology, and was elected to the American College of Physicians and American College of Gastroenterology. He's looking forward to the next reunion of the class of '61.

Kel Cohen, M.D. '63, is professor and chairman of plastic surgery at the Medical College of Virginia. He's still involved in wound healing, research and enjoys a happy association with his partner in crime and work. "Kids are all grown," he writes. Cohen and his wife Judie "are into foods and wines."

Shihadeh N. Nayfeh, Ph.D. '64, was promoted to full professor July 1 in the UNC-CH department of biochemistry and nutrition. In 1968 he joined the faculty as director of the clinical endocrinology laboatory at North Carolina Memorial Hospital and adjunct assistant professor of biochemistry.

Donald P. Whitley, M.D. '65, is chief of radiology at Johnston Willis Hospital. He's president of Richmond Radiological Society this year.

F. Walton "Walt" Avery, M.D. '67, writes that Laura and he are the director of public relations and director of laboratory, respectively, at Raleigh Community Hospital. He moved from Edgecombe General Hospital and Tarboro Clinic in December 1980.

70s

Morton Meltzer, HS '70, is still very active as director of the Cape Fear Valley Hospital emergency department, president of the Sandcrest Outpatient Services, PA, consultant to the Wake County Mental Health Clinics; consultant to the Wake County Sheriff's Department and consultant to the TASA.

Robert L. (Bob) Barnes III, M.D. '72, has been in private pediatric practice in Knoxville, since 1975. He is chief-of-staff at the East Tennessee Children's Hospital, in Knoxville for the 1983-1984 term. Barnes is also the 1983 president of the Knoxville Area Pediatric Society. In 1982 he founded and served as the first president of the Knoxville chapter of the UNC General Alumni Association.

Walter B. Greene, M.D. '72, has been promoted to associate professor of surgery and pediatrics at UNC-CH.

Dr. and Mrs. **Theodore C. Whitson, M.D. '63,** of Atlanta have established the Womack-Whitson Foundation, Inc., which will assist two medical students each year attending the School of Medicine.

A native of Mitchell County, Whitson received an A.B. degree from Berea College in Kentucky. Upon completion of his M.D. degree, Whitson remained in Chapel Hill for post graduate training in general and plastic surgery.

The foundation, Whitson said, honors Berea College, the UNC-CH School of Medicine and the late Dr. Nathan Womack, former chairman of surgery.

"Through these scholarships my wife and I first want to recognize the part Berea College played in whatever success we have achieved," Whitson said. "Second, we want to show our appreciation to the University of North Carolina School of Medicine. Finally, we want to express our indebtedness to Dr. Womack and the tremendous assistance he gave me in shaping, molding and guiding my career."

Initial funding of the foundation is $150,000, the income from which will assist two medical students "who share in Dr. Womack's exemplary character and commitment to patients and community."

Dr. Stuart Bondurant, dean of the medical school, said that the Womack-Whitson Foundation would be "a very important resource for the medical school and for the young men and women of North Carolina who seek careers in medicine. It is also an example of alumni support at its best.

"Dr. and Mrs. Whitson have been very generous in their support of medical education," he said. "This support is particularly valuable because it benefits both the medical school in general and individual students in particular. For generations to come, some North Carolinians who otherwise might not be able to attend medical school will be able to do so.

"The people of North Carolina will be the ultimate beneficiaries of this great and thoughtful gift. The Whitsons have perceived a need and have committed themselves to meeting that need. For their great generosity we thank them."

Tax exempt donations may be made to the Womack-Whitson Foundation Inc., 1280 Heards Ferry Road, Atlanta, Ga. 30328.

Class notes

Chris Heaton, M.D. '72, recently visited Belize on a trip sponsored by N.C. Natural History Society. He has been elected chief of the department of obstetrics and gynecology at the Wake Medical Center for the 1983-85 term. If you're in Raleigh please visit, he says.

David A. Grimes, M.D. '73, spent Dec. 6-10, 1982, in Geneva as a member of a World Health Organization scientific group writing a WHO Technical Report on Gestational Trophoblastic Diseases.

Donald C. Brown, M.D. '74, has received the East Carolina University School of Medicine's first fellowship in geriatric family medicine. Brown completed his residency in family medicine at the University of Alabama-Birmingham. He started the one-year fellowship at ECU in August.

Ken R. Kulp, M.D. '74, is in solo practice of dermatology in Winston-Salem.

Joseph B. Philips III, M.D. '75, is an associate director of the Regional Neonatal Intensive Care Unit at the University of Alabama-Birmingham Medical Center. He's continuing research on control of pulmonary vascular resistance in the fetus and newborn.

Joseph R. Pringle Jr., M.D. '75, has moved to Burlington after leaving the Navy to join in the private practice of pediatrics with **Doris B. Braxton, M.D. '59.**

Jeffrey D. Katz, HS '76, of Greensboro, has been elected to fellowship in the American College of Cardiology.

H. Grady Morgan Jr., M.D. '77, is in the last year of his Air Force service obligation and will be joining the practice of Drs. Moore, Hawthorne and Coleman at the Children's Clinic of Wilmington soon. He has one son Brian Scott, born May 10, 1982.

Rafael F. Coutin, M.D. '77, is in private practice in cardiology in Galveston, Texas.

Michael Y. Parker, M.D. '78, and **H. Craig Price, M.D. '79,** have opened Capitol Ear, Nose and Throat in Raleigh for the practice of otolaryngology and head and neck surgery.

Peter Schlesinger, M.D. '78, is still continuing a rheumatology fellowship at Hennepin County Medical Center in Minneapolis. He and his wife Denise have one daughter, Amanda Leigh.

Natalie L. Sanders, M.D. '79, is a research fellow at the University of California at San Diego, and presently working with Dr. Samuel Rapaport, studying Factor IX. In July 1984, Sanders will begin a clinical hematology-oncology fellowship.

Diane Davis, M.D. '79, has completed an internal medicine residency and has begun a fellowship at Stanford University.

Barry Dicicco, M.D. '79, served this past year as chief medical resident at Fairfax Hospital. He has begun a two-year pulmonary fellowship at Georgetown University.

Mark Glenn, M.D. '79, of Lumberton recently co-authored a book chapter on "Lithium and Antidepressants for the A.P.A. Commission on Psychiatry Therapies." He is a staff psychiatrist at Southeastern Regional Hospital and Mental Health Center and recently received a clinical appointment in the psychiatry department at Duke.

Andy Haven, M.D. '79, has entered private ob-gyn practice in Greenville and holds a clinical appointment at the East Carolina School of Medicine.

Michelle Hines, M.D. '79, has entered the radiology residency program at Howard University Medical Center.

Bill Putnam, M.D. '79, has completed two years of general surgery residency at Johns Hopkins Hospital and accepted a one-year fellowship in surgical oncology at the National Cancer Institute. He plans to resume his surgical residency in June 1984.

80s

Steven K. McCombs, M.D. '80, became a staff physician at the UNC-CH student health service July 1.

Jimmy Locklear, M.D. '80, began a fellowship in cardiology in July 1983 at the Indiana University School of Medicine.

Ernest B. Eason, M.D. '80, was voted resident of the year by Youngstown Hospital Association medical house staff for 1982-83. He has moved to Burlington to set up private practice in internal medicine.

Gregory C. Tesluk, M.D. '81, is a first-year resident at Wills Eye Hospital in Philadelphia. Tesluk presented a paper titled "Lesions of the Eyelids, The Wills Experience 1980-1982," in April to the department of ophthalmology at UNC-CH.

Edward (Eddy) T. Plyler, M.D. '81, will marry Elizabeth Robeson Giles of Columbia, S.C. in November 1983.

Mary Korytkowski, M.D. '82, has been awarded the Rathbun Award at the Baltimore City Hospitals. The award is given annually to the medical intern who combines the ideals of compassion, honesty and humility with clinical experience, according to Dr. John R. Burton, associate professor of medicine at Johns Hopkins University and deputy director of medicine for the Baltimore City Hospitals. The recipient is chosen by a vote of faculty members and house staff. "This is our most coveted award," Burton said. "Dr. Korytowski really has done an outstanding job and is a fine tribute to the UNC School of Medicine. She, in my judgment, will become an outstanding member of our profession."

Terry W. Wallace, M.D. '82, and Cynthia A. Arnold were married in Valdese on April 23. Wallace is in his second year of residency in diagnostic radiology at the State University of New York at Stony Brook.

Paul Boksuk Suh, M.D. '83, presented a paper comparing surgical procedures for hip fracture at the spring convention of the American Academy of Orthopedic Surgeons in Anaheim, Calif. He is a resident in the division of orthopedics at Chapel Hill.

James P. Manor, HS '83, has established a private practice of family medicine in Carrboro.

Deaths

Octavius Blanchard Bonner Jr., C. Med. '51, Daytona Beach, Fla.

Mary Jane Cavenaugh, Midland, Texas, wife of Herbert R. Cavenaugh, M.D. '68.

Correction

The summer issue of the Bulletin incorrectly stated that 13 members of the class of 1983 were continuing their education in family medicine and 12 in pediatrics. Actually, 13 percent and 12 percent have entered family medicine and pediatrics programs, respectively, with the absolute numbers being 21 and 19 individuals. The Bulletin editors regret the errors.

'Lost' alumni

The Medical Alumni Office does not have current addresses for the following. If you have pertinent information, please send it to 231 MacNider 202H, Chapel Hill, N.C. 27514.

James Harold Arnold, M.D. '48
Tamara L. Sanderson Beecham, M.D. '76
Edgar Norman Boseman, C.Med '28
Edward Christian Cameron, M.D. '75
Jean Whitmore Carter, M.D. '78
Tonya Cottrell Claytor, M.D. '80
Cecil Van Crabb, M.D. '77
Leon Douglas Davis, M.D. '75
Charles Hillman Edwards II, M.D. '73
Willie Stanley Edwards Jr., M.D. '81
Hattie Mae Faison, M.D. '80
David Lee Gaston Jr., M.D. '79
Gary Howard Greenspan, M.D. '76
Sandra Lee Hanson Griffin, M.D. '77
Cynthia Loretta Harrell, M.D. '79
Joseph Hodge, C.Med '49
Sherine Adnan Ibrahim, M.D. '81

Calendar

Medical alumni activities

April 1984		
6-7	Medical Alumni Weekend	Chapel Hill
11	Co-Founders	Chapel Hill

Continuing education

December		
3	Residents' Day in Ophthalmology	Chapel Hill
3, 10, 17	ECG Interpretations	Berryhill Hall
8-10	Microcomputers in Medical Education	Hotel Europa, Chapel Hill
1984		
Winter	Computers and Medicine	UNC-CH
January		
TBA	Certification in Administrative Psychiatry Seminar	UNC-CH
18-20	Alcoholism: Search for the Sources	Charlotte
February		
17-18	Clinical Teaching	Hotel Europa, Chapel Hill
March		
7-10	Internal Medicine: 1984	Berryhill Hall
15-16	Cancer Research Symposium	UNC-CH
28-31	Clinical Epidemiology	Hotel Europa, Chapel Hill

For more information about C.M.E. courses, contact the Office of Continuing Medical Education, 231 MacNider 202H, Chapel Hill, N.C. 27514 (919) 962-2118.

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